MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Boise

City of McCall

No. "Martin Homestead" Sec 12. T17N R2 East

~~Hospital~~

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 — File No. 4556

Primary Registration District No. 2027 — Registered No. 12

FULL NAME OF CHILD Helen Isabelle Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	May 14 1909

FATHER		MOTHER	
FULL NAME	George R. Martin	FULL MAIDEN NAME	Mary G. Palmgreen
RESIDENCE	McCall, Ida. "Homestead"	RESIDENCE	McCall, Ida. "Homestead"
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Clarksburg W. Va.	BIRTHPLACE	Sweden
OCCUPATION	Clergyman	OCCUPATION	

Number of child of this mother, including present birth: 5th

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George R. Martin

(Physician or Midwife)

Given names added from a supplemental report

..., 19...

Address

Filed Apr 12 1912 — A. S. Byrd, Registrar

..., Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Bottt

DELAYED

dup of 1909-393057

84X-228-33-314

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison (formerly Fremont)

City of Victor

Registration District No. 20

File No. 23824

No. _____ St.

Primary Registration District No. 2012

Registered No. 17

Hospital _____

FULL NAME OF CHILD Igetta May Humble

Sex of Child Female

Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes.

Date of Birth Mar. 25 (Month) (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Wm. Henry Humble	FULL MAIDEN NAME	Agnes May Campbell
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Olive M. Humble midwife for R. King (Physician or midwife)

Address Victor

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug. 11 1919 Robt. W. King Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-114-02

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 28348

Primary Registration District No. 276 Registered No. .....

FULL NAME OF CHILD George Ballantyne Stephens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Nov. 14 1909

FATHER		MOTHER	
FULL NAME	James Leon Stephens	FULL MAIDEN NAME	Josephine Ballantyne
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Menan, Ida.	BIRTHPLACE	Ogden, Ut.
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8.20 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha J. Ballantyne

(Physician or midwife)

Address Rigby, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Mch. 10 1914 Rays H. Fisher M.D.

..... Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1953

DELAYED

963-226-005-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

39988

County of Benewah

City of St. Maries

Registration District No. 92 File No.

No. St.

Primary Registration District No. 2049 Registered No.

Hospital

FULL NAME OF CHILD Dolly Rochat

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		8	yes	June 26 1909

FATHER		MOTHER	
FULL NAME	Paul Rochat	FULL MAIDEN NAME	Leah Jacat
RESIDENCE	Ramah St. Maries, Ida.	RESIDENCE	Ramah St. Maries, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul Rochat
Father
(Physician or midwife)

Given names added from a supplemental report.

19

Address St Maries

Filed June 26 1916 Hea Hunt
Registrar

S-Y CO. 24688 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BOTH
DELAYED DUP OF 1909-169150

354-210-032-281

[redacted]

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

40281

County of Lincoln

City of Kemmerer

Registration District No. 17

File No.

No. St.

Primary Registration District No.

Registered No. 2

Hospital

FULL NAME OF CHILD Ruth May Lemmon

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 10 1909

FATHER		MOTHER	
FULL NAME	Raphael J. Lemmon	FULL MAIDEN NAME	Ida E. Sharp
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Kansas
OCCUPATION	Hardware merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. M. H. Baugh

Physician (Physician or midwife)

Address Shoshone Ida

Given names added from a supplemental report

19

Registrar

Filed Apr. 10 1917 May Fitz Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1909-318793

B OT14
DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

684-0214-028-693

City of Coeur d'Alene

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29

File No. 51710

Primary Registration District No. 1050

Registered No. .....

FULL NAME OF CHILD Mary Elizabeth Whitla

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feb. 14 1909 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ezra Ray Whitla	FULL MAIDEN NAME	Mary Ursula Williams
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	S. Dakota
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alin (Born alive or stillborn), at 5 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Mayer Phys

(Physician or midwife)

Address Coeur d Alene Idaho

Given names added from a supplemental report.

..... 19.....

Filed Aug 31 1917 Gus Nelson

Registrar

Registrar

S-Y-CO 38071

BOTH
DELAYED

dup 061909-D60-397

855-225-032-449

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

61286

Registration District No. 23

File No. .....

Primary Registration District No. 1017-2017

Registered No. .....

FULL NAME OF CHILD Dorothy Henning

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	Sept 25 1917 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oswald F Henning	FULL MAIDEN NAME	Helen P Muirhead
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Canada
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Jerome Idaho

Filed July 15 1918 E. D. Piper
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1962

NOV 17 1961

DELAYED

Form V. S. No. 11—25m-6-15-18

PLACE OF BIRTH

County of OWYHEE

City of

649-127

No. 037-695 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No.

Primary Registration District No.

File No. 62004

Registered No.

Full Name of Child José Domingo Odiaga

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Jauary 27 1909

FATHER	MOTHER
FULL NAME: Domingo Odiaga	FULL MAIDEN NAME: Paula Fresnedo
RESIDENCE: Bruneau, Owyhee Co. Idaho.	RESIDENCE: Bruneau, Owyhee Co. Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 36 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Lequeitio, Vizcaya, Spain.	BIRTHPLACE: Lequeitio, Vizcaya, Spain.
OCCUPATION: Sheepman	OCCUPATION: Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Becker M.D.

Bruneau Idaho

(Physician or midwife)

no attending physician.

Address .....

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Sept. 6 1918

F. W. Almond
State Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

816-120-042-866

STANDARD CERTIFICATE OF BIRTH.

PLACE OF BIRTH.

STATE BOARD OF HEALTH,
DIVISION OF VITAL STATISTICS.
STATE OF Idaho

DO NOT WRITE IN THIS SPACE.

County of

Township of

or City of Twin Falls No street. Reg. No. 62183

Full Name of Child Park Edgar Hofer. (If child is not yet named, make supplemental report, as directed.)

Sex of Child.	Twin, triplet, or other?	Number in order of birth.	Legitimate.	Date of birth
Boy		[redacted]	Yes.	Oct 30 1909 (Month) (Day) (Year)

(To be answered only in event of plural birth.)

FATHER.	MOTHER.
Full Name. F. M. Hofer.	Full Maiden Name. Lydia Hoffman.
Residence. ~~1225 S. Water~~ Twin Falls.	Residence. ~~1225 S. Water.~~
Color. White	Color. White
Age at last birthday ~~47~~ 38 (Years)	Age at last Birthday ~~34~~ 25 (Years)
Birthplace Carrollton, Mo.	Birthplace Chamois, Mo.
Occupation. Contractor.	Occupation.

Number of children born to this mother, including present birth 2 Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.) at M., on the date above stated.

Signature F M Hofer (Physician or midwife.)

Address 1225 S Water St.

Filed Jan 191 1

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from supplemental report 191

Registrar.

7-1977

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

BOTH
DELAYED

dep 081909-315200

819-218-018-345

PLACE OF BIRTH

County of Clearwater ~~NEZ PERCE~~

City of PIERCE

No. ——— St.

Hospital ———

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 73700

Registration District No. 90

Primary Registration District No. 2168

Registered No. 57

Full Name of Child CLARICE, ELIZEBETH, HARPER

SEX OF CHILD: Girl

Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

DATE OF BIRTH: June 18 (Month) (Day) 1907 (Year)

FATHER

FULL NAME: Edgar O Harper

RESIDENCE: Pierce, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: PARSONS, KANSAS

OCCUPATION: Mining.

MOTHER

FULL MAIDEN NAME: NELLIE, F. CUNNINGHAM

RESIDENCE: PIERCE, IDAHO

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Stockton, KANSAS

OCCUPATION: ———

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. C. Rowe M.D.

(Physician or midwife)

Address Greer, Idaho

Filed Nov 3 1907 J. M. Fairly

Registrar

Given names added from a supplemental report.

..... 19.....

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1971

851-225-02-269

PLACE OF BIRTH

County of Kootenai

City of Coeur d' Alene

No. [redacted] St.

Hospital [redacted]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 78046

Primary Registration District No. 1050 Registered No. 30

FULL NAME OF CHILD Elsie Margaret Heath

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth March 25 (Month) (Day) 1909 (Year)

FATHER		MOTHER	
FULL NAME	Ernest L. Heath	FULL MAIDEN NAME	Alice Boise
RESIDENCE	Coeur d' Alene, Idaho	RESIDENCE	Coeur d' Alene, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Pittsburg, N. H.	BIRTHPLACE	Canada
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J. C. Dwyer

Phys

(Physician or midwife)

Address Coeur d'Alene Idaho

Filed April 8 1920 Geo Nelson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

986.223.028-819

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAY 4 1921 BUREAU OF VITAL STATISTICS

County of Kootenia

City of Coeur D'Alene

Registration District No. _____ File No. 89584

No. _____ St. _____

Primary Registration District No. 1061 Registered No. 979

Hospital _____

FULL NAME OF CHILD Selma Hazel Rhodes

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				yes	Nov. 23 1909

FATHER		MOTHER	
FULL NAME	Fred Rhodes	FULL MAIDEN NAME	Hazel Frances Harrison
RESIDENCE	Coeur D'Alene	RESIDENCE	White. Coeur D Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Mt Grove Mo.	BIRTHPLACE	Salem Ore.
OCCUPATION	Engineer	OCCUPATION	Housewife.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Rhodes

(~~Physician or midwife~~)

Address Coeur d Alene Idaho

Given names added from a supplemental report.

_____ 19____

Registrar

Filed May 6 1921 D D Drewna

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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198-217-001-134

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. .....

File No. 92848

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Matilde Achabal

Sex of Child Female | Twin Triplet or other? No (To be answered only in event of plural births) | and Number in order of birth 3d. | Legitimate? | Date of Birth Janry, 17/1909 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Juan Bautista Achabal	FULL MAIDEN NAME: Benedicta Aldecoa
RESIDENCE: Boise, Idaho	RESIDENCE: Boise, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 35 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Yspaster, Vizcaya, Spain	BIRTHPLACE: Nachitua, Vizcaya, Spain
OCCUPATION: Sheep man	OCCUPATION: Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Arahabal

The Father
(Physician or midwife)

Address 218 E. Idaho St., Boise, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

Filed Sept 2 1921 R. H. Pratt Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 28 1953

Nov 1 2 1948

DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-111-031-168

PLACE OF BIRTH

RECE[illegible] MAR 30 [illegible] BUREAU [illegible] STATISTICS

Form V. S. No. 11—25m-9-8-16

[illegible] OF IDAHO
[illegible]ITAL STATISTICS
[illegible]CATE OF BIRTH

County of Lewis

City of Nezperce

Registration District No. _____ File No. 98916

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Delbert Lee Cox

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 11 1909

FATHER		MOTHER	
FULL NAME	John M. Cox	FULL MAIDEN NAME	Olive [illegible]nson
RESIDENCE	Lordsburg, Cal.	RESIDENCE	Lordsburg, Cal.
COLOR		COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	New Market, Va.	BIRTHPLACE	Garrison Iowa
OCCUPATION	Teaching	OCCUPATION	House Keeping.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at _____ M. on the date above stated.

(Signature) Mrs Elizabeth Johnson
(Physician or midwife)

Address Spokane Wash

Filed May 30 1922 F. W. Almond State Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

295-110-610-236

PLACE OF BIRTH

County of Bonneville

City of Ammon

No. ..... St.

Hospital .....

RECEIVED JUN 1 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 100922

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Charles Elden Kingston
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Oct 10 1909

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles W Kingston	FULL MAIDEN NAME	Viola M. Stowell
RESIDENCE	Idaho Falls R#3	RESIDENCE	Logan Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Morgan Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles W. Kingston
Attending physician address not known at this time
(Physician or midwife)

Address .....

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

Filed June 21 1922 F. W. Almond M.D. State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

942-16[redacted]652

PLAC[redacted]

RECEIVED
JUL 31 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103167

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. ..... File No. .....

~~Hospital~~ Home

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Seth Webb Russell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy	Single (To be answered only in event of plural births)	3	yes	Oct 18 1919

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	David Giltner Russell	FULL MAIDEN NAME	Etta Margaret Webb
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR		COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Rockland
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Etta M. Russell
MOTHER

[redacted]

Address Emmett, Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed July 31 1922 F W Almond M.D. State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of twins or more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 10 1971

Both
DELAYED

Dep of 1909 - 332938

495 ~~PLACE OF BIRTH~~ 434

RECEIVED APR 5 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Washington

City of Cambridge

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. 87 File No. 110452

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mary Yvonne Devaney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	no		Yes	Oct. 29 1909

What bactericidal solution was used in eyes? no

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Henry J. Devaney	FULL MAIDEN NAME	Edith K. McDonald
RESIDENCE	Cambridge, Idaho	RESIDENCE	Cambridge, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Minnesota	BIRTHPLACE	Oregon
OCCUPATION	Attorney	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:00 A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmidt
Physician
(Physician or midwife)

Address Midvale, Idaho

Give names added from a supplemental report.

..... 192.....

..... Registrar.

Filed 4-3- 1923 F. A. Schmidt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

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due 06 1909-350827

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIR[redacted]

County of Ada

City of Boise

No. 1010 Miller St.

134 204 201 251

Hospital

Registration [redacted]

Primary Registration District No. [redacted] Registered No.

Full Name of Child Cecilia Aldecoa

SEX OF CHILD	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F		One	Yes	Oct. 4 1909

FATHER		MOTHER	
FULL NAME	Cantor Aldecoa	FULL MAIDEN NAME	Juana Biscoa
RESIDENCE	1010 Miller St. Boise, Idaho	RESIDENCE	1010 Miller St. Boise, Idaho
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth [redacted]

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive, at [redacted] (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Breneton M.D. (Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Apr 26 1923 F. W. Almond M.D. State Registrar

[redacted]

REGISTER OF BIRTHS

Date Oct 31 1909

File Quarterly Certified Copy with County Recorder.

Town Boise City Idaho County of Ada

DATE	PLACE	NAME OF CHILD	SEX	RACE OR COLOR	No. of this Birth	Living or Still-born	PARENTS' NAME	COLOR	OCCUPATION	BIRTHPLACE	AGE	RESIDENCE	MAIDEN NAME MOTHER	Is Child Legitimate
Oct4-09	Boise	Babe Aldecocea	F	W	1	L	Castor Aldecocea	W	Sheepman	Spain	30	1010MillerSt.	Juana Beaseca	Yes
"	Idaho						Juana Aldecocea	W	-----	Spain	20	Boise, Idaho		
No. 337														

Reported by H. A. Brereton M. D.

CERTIFICATE

State of Idaho, COUNTY OF ADA, } ss.

I, STEPHEN UTTER, Ex-Officio Recorder in and for Ada County, State of Idaho, do hereby certify that the annexed is a full, true and correct copy of certain Register of Birth of Babe Aldecocea

~~from~~ ~~the~~

as the same appears on record in Book No. 1 *of* Birth Register *at Page* 11 *Records of Ada County, State of Idaho.*

In Testimony Whereof, *I have hereunto set my hand and affixed my official seal this* 26th *day of* April 1923.

Stephen Utter
Ex-Officio Recorder.

By Frances Wood *Deputy.*

19

632-225 D29-168

RECEIVED JUN 5 1923 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 111664

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Ruth Corrinna Olson

Sex of Child Female | Twin Triplet or other? Single (To be answered only in event of plural births) | and Number in order of birth First | Legitimate? yes | Date of Birth January 25 (Month) (Day) 1909 (Year)

FATHER		MOTHER	
FULL NAME	Dr John W Olson	FULL MAIDEN NAME	Houldah T Johnson
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Omaha	BIRTHPLACE	Dassel Minn
OCCUPATION	Physician & Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

(Signature) C. E. Worthington

Physician (Physician or midwife)

Address Troy Latah Co Idaho

Filed June 1923

Registrar

Registrar

S-Y CO. 2-6-18

May 28 1923

Present address 852½ E Burnside Portland Oregon

N556-225-044-265

PLACE OF BIRTH

RECEIVED JUN 26 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Registration District No. 86

File No. 113369

Hospital .....

Primary Registration District No. 2112

Registered No. 47

FULL NAME OF CHILD Beatrice Jarvison Newman
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth 1	Legitimate?	Date of birth 10 (Month) 25 (Day) Mon. 1909 (Year)
Girl				

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William Harvey Newman	FULL MAIDEN NAME	Margaret Sweet
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho Washington Co	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housing

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elsie J. Newman
(Physician or midwife)

Address Weiser Idaho

Filed 6-20 1923. W. R. Hamilton
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 113369
Date Filed June 20, 1923

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Beatrice Lavurn Newman (Name on original certificate) who was born (Was born or died) on Oct 25, 1909 (Date of event)
in Weiser (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Mother's age	36	23
Father's Age	40	27

Subscribed and sworn to before me this 22
day of July, 1941
Earl R Cowles
Notary Public, residing at Weiser Idaho
My commission expires 12/10/1941
[SEAL]

Signed Margaret Farr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
1110 S.W. Washington St. Portland Or
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Washington }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of July, 1941
Earl R Cowles
Notary Public, residing at Weiser Idaho
My commission expires 12/10/1944
[SEAL]

Signed Mrs O M Banta
(Signature of any credible person other than the previous affiant)
Weiser Ida R-Rd 1.
(Street Address, City, State)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

262-120-025-366

County of .....

City of Cottonwood

No. ..... St. Registration District No. ..... State File No. 2

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

119200

FULL NAME OF CHILD Clarance Josiah Lowe Kobel

(Certificate of no value without full name of child)

Sex of Child: male | Twin / Triplet / or other? and Number in order of birth: 6 (To be answered only in event of plural births) | Legitimate? yes | Date of birth: May 20th (Month) (Day) 1909 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John Adam Kobel	FULL MAIDEN NAME	Susie M. Lowe
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Ida
COLOR	white	COLOR	[illegible]
AGE AT LAST BIRTHDAY	9 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	[illegible]	BIRTHPLACE	Washington
OCCUPATION	[illegible]	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I [redacted]ed the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Dill Shunck
Susie Kobel
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Feb. 10 1924 F.W. Almond M.D. State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

619-206003-363 .3

County of Bannock

City of Pocatello

No. 664 North 4th St.

STATE [redacted]
DEPARTMENT [redacted]TARE
BUREAU OF [redacted]S

119979

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 119979

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Rosina Farrace

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	June 6th, 1909

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Giovanni Farrace	FULL MAIDEN NAME	Filomena Colaricci
RESIDENCE	664 North 4th Street	RESIDENCE	6664 North 4th Street
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Labor	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at about 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Giovanni Farrace

Father

Address 2965 E. Edgemont Street
Philadelphia, Pa.

Give names added from a supplemental report.

..... 192.....

Registrar.

Filed Mar. 13 1924 F. W. Almond, M.D.
State Registrar.

263-115-029-693

PLACE OF BIRTH

County of Latah

City of Near Genesee, Ida.

[redacted]ATE OF IDAHO
[redacted]T OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

122347A

No. ..... St. Registration District No. ..... State File No. 122347

Hospital ..... Primary Registration District No. ..... Local Registrar's No. ..

FULL NAME OF CHILD William Bottger

(Certificate of no value without full name of child)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Apr. 15 1909

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	William Bottger	FULL MAIDEN NAME	Meta Filbert
RESIDENCE	Near Genesee, Ida.	RESIDENCE	Same
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	California	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) W. H. Chlen M.D.

(Physician or midwife)

Address Moscow, Ida.

Filed June 30, 1924 [redacted] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-22-001-168

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St. Registration District No. 2 State File No. 126383

Hospital St Alphonsus Primary Registration District No. 1004 Local Registrar's No. .....

FULL NAME OF CHILD Caroline R. Hunt

(Certificate of no value without full name of child.)

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of birth Nov 22, 1909 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Thos B Hunt	FULL MAIDEN NAME	Emma L. JOHNSTON
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	~~Kentucky~~ Iowa	BIRTHPLACE	Idaho
OCCUPATION	Forest Ranger	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 1.15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm G Smith

(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

..... 192.....

Registrar.

Filed Nov. 25 1909 R. H. Pratt

Registrar.

Lakes Boise City Register

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO
DEPART[redacted]LIC WELFARE
BUR[redacted]L STATISTICS

CERTIFICATE OF BIRTH 126383

State File No.....

Local Registrar's No.....

FULL MAIDEN NAME

RESIDENCE

COLOR

BIRTH

OCCUP

Address.....

Filed.....

Registrar.

Given names added from a supplemental report.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

236-104 004-653.

County of .....

City of Dingle Idaho.

No. ..... St.

Hospital .....

RECEIVED JAN 3 1925 BUREAU OF VITAL STATISTICS

STATE DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 128637

Registration District No. ..... State File No. 128637

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Manuel Brady Stolpe

(Certificate of no value without full name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male.				Yes.	March	4	1909

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Brady Stolpe	FULL MAIDEN NAME	Amelia Feller
RESIDENCE	Dingle Idaho	RESIDENCE	Dingle Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Murray Utah
OCCUPATION	Operating dept O.S.L. R.R. Co.	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192

Registrar.

(Signature) Mrs Amelia Stolpe (mother)

(Physician or midwife)

Address .....

Filed JAN 5 1925 192 F. W. Almond M.D. State Registrar.

[redacted]

RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
APR 1 - 1923
BUREAU OF VITAL STATISTICS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

No. ..... St. Registration District No. ..... State File No. 130261

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Barbara Belle Spoerry
(Certificate of no value without full name of child)

Sex of Child female | Twin Triplet or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Septr. 14 1909 (Month) (Day) (Year)

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Gottfried W. Spoerry	FULL MAIDEN NAME	Bessie Tucker
RESIDENCE	Rathdrum, Idaho	RESIDENCE	Rathdrum, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	South Dakota
OCCUPATION	Supt. City Schools	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Frank Wm. Physician
(Physician or midwife)

Address Rathdrum, Idaho

Filed Apr. 18 1923 F. W. Almond, M.D. State Registrar.

819-105-010-362

PLACE OF BIRTH

County of Bannock

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

130275

RECEIVED
MAY 4 1925
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registrar's No. 73 State File No. 130275

Primary Registration District No. 2170 Local Registrar's No. .....

FULL NAME OF CHILD Minoru Harada

Minoru (Certificate of no value without full name of child)

Sex of Child Boy | Twin Triplet or other? } and { Number in order of birth 2nd (To be answered only in event of plural births) | Legitimate? yes | Date of birth aug 5th 1909 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	O. Harada	FULL MAIDEN NAME	Sody Fokuhara
RESIDENCE	Iona Idaho	RESIDENCE	~~Japan~~ now Iona Idaho ~~Idaho Falls~~
COLOR	Japanese	COLOR	Japan
AGE AT LAST BIRTHDAY (Years)	~~48~~ 34	AGE AT LAST BIRTHDAY (Years)	~~36~~ 24
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at Iona M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

Farther (Signature) Orinosuke Harada

~~(Physician or midwife)~~

Address .....

Filed 5-3 1922 Guy Freeman Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

369-213-220-455

County of Elmore

City of Mountain Home

[redacted]

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. ..... State File No. 130961

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Hermenegilda Corta

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		—	yes	April 13 1909

(To be answered only in event of plural births).

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jose Corta	FULL MAIDEN NAME	Julia Mendia
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 2 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bernatheu

[redacted]

Address Boise [redacted]

Give names added from a supplemental report.

....., 192...

.....

Registrar.

Filed MAY 8 1925 19..

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

234-102 009 962

County of Bonner

City of Sagle

No. ..... St.

RECEIVED
JUL 10 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

132342

Registration District No. ..... State File No. 132342

Hospital ..... Primary Registration District No. 9 Local Registrar's No. .....

FULL NAME OF CHILD Claude Harold Studebaker

(Certificate of no value without full name of child)

Sex of Child Boy | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Jan. 2nd, 1909 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME May George Studebaker	FULL MAIDEN NAME Nora Sylvia Rose
RESIDENCE Sagle	RESIDENCE Sagle
COLOR White / AGE AT LAST BIRTHDAY 24 (Years)	COLOR White / AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Menomonie, Wis.	BIRTHPLACE Marionville, Mo.
OCCUPATION Timberman	OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 12:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. R. G. Studebaker

(~~Physician or midwife~~)

Address .....

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed JUL 10 1925, 192.

F. W. Alvord M.D.
State Registrar.

434-201-025-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 4 1925 BUREAU OF VITAL STATISTICS

County of Idaho

City of Elk City

Registration District No. 96

File No. 133533

No. ..... St.

Primary Registration District No. 1009

Registered No. .....

Hospital .....

FULL NAME OF CHILD Marian Reuth McMahan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	8 – 1 – 1909

FATHER		MOTHER	
FULL NAME	Wilber F. McMahan	FULL MAIDEN NAME	Lillie P. Findlow
RESIDENCE	Elk City, Ida.	RESIDENCE	Elk City, Idaho.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Indiana	BIRTHPLACE	Missouri
OCCUPATION	M.D.	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan M.D. (Physician or midwife)

Address Elk City, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 6 1925 Swan E. Bruce Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 4 1971

12-15-71

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

433-122022-394

County of Fremont

City of St. Anthony

RECEIVED NOV 16 1925 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

136539

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD William Gordon McCrea

(Certificate of no value without full name of child)

Sex of Child male | Twin Triplet or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth 5-22 1929 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1. Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Snell McCrea	FULL MAIDEN NAME	Algenia Sally Trude
RESIDENCE	Rea Idaho	RESIDENCE	Rea Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Chicago	BIRTHPLACE	Ontario Canada
OCCUPATION	rancher	OCCUPATION	—

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 6:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) Algenia S. McCrea

mother

(~~Physician or midwife~~)

Address 721 Rush St. Chicago Ill

Filed Nov. 16 1925 David Burnell

State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
555 126 625 556

County of Idaho

City of WHITE BIRD

No. ..... St.

Hospital .....

RECEIVED
JAN 27
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 138252

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD JOHN HOMER NEVIN
(Certificate of no value without full name of child)

Sex of Child: male | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth Mar. 26 1909 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: JOHN NEVIN (Naturalized cit. of U. S.)	FULL MAIDEN NAME: JENNIE ROSALIA NEWMAN
RESIDENCE: White Bird, Idaho	RESIDENCE: White Bird, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: nr Ballygan, Co Antrim, Ireland	BIRTHPLACE: Dayton, Washington
OCCUPATION: Merchant	OCCUPATION: Home-maker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) Mrs. Jennie Newman Nevin
MOTHER
(Physician or midwife)

Address CLARKSTON, WASHINGTON

Filed Jan. 27 1926 David Burnell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Rose Lake

No. 453 214 028864 St. Registration District No. 80 State File No.

Hospital Primary Registration District No. 1051 Local Registrar's No. 1470

RECEIVED FEB 10 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 138289

FULL NAME OF CHILD Mary Elizabeth Metler
(Certificate of no value without full name of child)

Sex of Child Female | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of birth March 14 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William H Metler	FULL MAIDEN NAME	Sarah L Young
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Mo	BIRTHPLACE	Canada
OCCUPATION	R. Road Man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at Dora Knox M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Nina Metler
Midwife
~~(Physician or midwife)~~

Address Rose Lake Idaho

Give names added from a supplemental report.

, 192

Registrar.

Filed Feb 6 1926 A A Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
712-219 001-381
County of Ada
City of Boise
No. Idaho St.
Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 138579

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. 138579
Primary Registration District No. 1004 Local Registrar's No.

FULL NAME OF CHILD Casilda Gabiola
(Certificate of no value without full name of child)

Sex of Child Female | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Dec. 19 1909 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: Anton Gabiola	FULL MAIDEN NAME: Leandra Chacartegui
RESIDENCE: Boise, Idaho	RESIDENCE: Boise, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Spain	BIRTHPLACE: Spain
OCCUPATION: Sheepherder	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____, 192__

____
Registrar.

(Signature) ____
(Physician or midwife)
Address Boise, Idaho.

Filed March 1 1926 David Burrell
State Registrar.

MAR 24 1953

DECEASED

DELAYED

231-123-032-749

PLACE OF BIRTH

County of Lincoln

City of Wendell, Idaho

No. ..... St. Registration District No. ..... State File No. 139283

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 139283

FULL NAME OF CHILD Wendell Reed Blair
(Certificate of no value without full name of child)

Sex of Child: male | Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth March 23 1909 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth same

FATHER		MOTHER	
FULL NAME	Robert Forrester Blair	FULL MAIDEN NAME	Minerva R Purvis
RESIDENCE	Wendell, Idaho.	RESIDENCE	Wendell, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Chicago, Illinois.	BIRTHPLACE	Cardington, Ohio.
OCCUPATION	carpenter	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { ~~Born~~ alive / Stillborn XXXXX } at 8:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) Mrs. M. Blair
mother
(Physician or midwife)

Address 1114 Wrightwood Ave. Chicago, Illinois

Filed Mch 12 1926 David Burrell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

E. C. Weinberg
E. J. Parr
Geo. M. Price

862-238-021-219

PLACE OF BIRTH

STATE [redacted]
DEPARTMENT OF [redacted]LFARE
BUREAU OF VI[redacted]TICS

140937

County of Franklin

City of Whitney

RECEIVED
JUN 3 1926
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. ..... St. ..... Registration District No. ..... State File No. 140937

Hospital Home ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mariko Yoshioka
(Certificate of no value without full name of child)

Sex of Child Female | Twin Triplet or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Mar 30 1926 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth one Number of child of this mother now living, including present birth one

FATHER		MOTHER	
FULL NAME	Takachiro Yoshioka	FULL MAIDEN NAME	Chiyoye Karita
RESIDENCE	Whitney Ida	RESIDENCE	Whitney Ida
COLOR	yellow	COLOR	yellow
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 192...

Filed 6-3 1926 Geo. Russell State Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-106-816-861

PLACE OF BIRTH

County of Cassia

City of Elba

No. ..... St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 22 1926
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

141395

FULL NAME OF CHILD Orvil Elihu Beecher

(Certificate of no value without full name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Nov. 16 1909

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth first Number of child of this mother now living, including present birth first

FATHER		MOTHER	
FULL NAME	Elihu Ulysses Beecher	FULL MAIDEN NAME	Ella Hoagland
RESIDENCE	Elba, Idaho	RESIDENCE	Elba, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Elba, Idaho.	BIRTHPLACE	Almo, Idaho.
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } **at** 8 o'clock P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192..

..... **Registrar.**

(Signature) Mrs. Mary Peterson

..... (~~Physician~~ or midwife)

Address Almo, Idaho.

Filed May 1922

..... **Registrar.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 12 1974

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUL 6 1926

County of Kootenai

City of Coeur d Alene

No. 463 111 028 464 St. Registration District No. 30 State File No. 142527

Hospital ..... Primary Registration District No. 1051 Local Registrar's No. 1586

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Joseph Fremont Molitor

(Certificate of no value without full name of child)

Sex of Child M. | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth Oct 11 1909 (Month) (Day) (Year)

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph L. Molitor	FULL MAIDEN NAME	Effie May Dougherty
RESIDENCE	Athol	RESIDENCE	Athol
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ill	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Drennan

(Physician or midwife)

Address Rathdrum

Filed Nov 4 1926 A D Drennan

Registrar.

Give names added from a supplemental report.

....., 192...

Registrar.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. 437-215 007 4433 St.

Hospital

RECEIVED JUL 19 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 142918

Registration District No. State File No. 142918

Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Miriam H McPheters

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)			Yes	Nov. 15 1929

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Herbert McPheters	FULL MAIDEN NAME	Hanna McCoy
RESIDENCE	Ketchum, Idaho	RESIDENCE	Ketchum Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	~~Minnesota~~	BIRTHPLACE	California
OCCUPATION	Forest Service employee	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Rapp M. D.

(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

, 192

Registrar.

Filed JUL 19 1926, 192

Dave Burrell
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, in order of birth and the number of each.

929-212-014-324

PLACE OF BIRTH

RECEIVED JUL 21 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

142923

County of Canyon

City of Nampa

No. ..... St. Registration District No. ..... State File No. 142923

Hospital None Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Cora Masako Iki
(Certificate of no value without full name of child)

Sex of Child Female | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Aug. 12 1929 (Month) (Day) (Year)

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Lawson Yoshio Iki	FULL MAIDEN NAME Yasu Tsuchiya
RESIDENCE No. 116 15th Ave. So Nampa, Idaho	RESIDENCE No. 116 15th Ave. So Nampa, Idaho
COLOR Yellow	COLOR Yellow
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Born Oct. 14, 1877 in Japan	BIRTHPLACE Born Sept. 22, 1887 in Japan
OCCUPATION Pool Hall Manager	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) Lawson Yoshio Iki
Father
~~(Physician or midwife)~~

Address Nampa, Idaho

Filed JUL 21 1926, 192 Dan Burrell
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

218-216-001-235

PLACE OF BIRTH

RECEIVED
OCT 15 1926
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 State File No. 144563

Hospital ..... Primary Registration District No. 1004 Local Registrar's No. Filed

FULL NAME OF CHILD not named
(Certificate of no value without full name of child)

Sex of Child F. | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth 11 — 16 — 1929 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% Silver nitrate

Number of child of this mother, including present birth 11th Number of child of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	Geo. Bay	FULL MAIDEN NAME	Anna Blessington
RESIDENCE	Boise (N.9th)	RESIDENCE	Boise (N.9th)
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Nebr.	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) M. Callaway Joplin
Physician
(Physician or midwife)

Address Boise Idaho

Filed 10-13 1926 Robt. H. Pratt Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

212-105-007-717

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 307 N. 24 St.

Boise Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. 144564

Prim. Registration District No. 104 Local Registrar's No.

2. FULL NAME OF CHILD Lawrence Raymond Baker

3. Sex M

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth 1-5-1929 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Henry Wm Baker	18. Full maiden name: Mary Olivia Page
10. Residence (usual place of abode) (If non-resident, give place and State): Boise	19. Residence (usual place of abode) (If non-resident, give place and State): Boise
11. Color or race: W. | 12. Age at last birthday: 40 (years)	20. Color or race: W. | 21. Age at last birthday: 37 (years)
13. Birthplace (city or place) (State or Country): Illinois	22. Birthplace (city or place) (State or Country): Kansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Groceryman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% argyrol

28. Number of children of this mother (At time of this birth and including this child) 8
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn —

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 7 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Mary A. Calloway, M. D.

or ....., [redacted]

Address Boise Idaho

Filed ....., 1935

..... Registrar.

DELAYED

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

RECEIVED
OCT 15 1
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 144564

No. 307 N. 21 St. Registration District No. 2 State File No.

Hospital Primary Registration District No. 1004 Local Registrar's No. Filed

FULL NAME OF CHILD Lawrence Baker
(Certificate of no value without full name of child)

Sex of Child M. Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) Legitimate? yes Date of birth 1 — 5 — 1908 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% Silver nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Henry W. Baker	FULL MAIDEN NAME	Mary O. Page
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Kansas
OCCUPATION	Grocery man	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Calloway Japlin
Physician
(Physician or midwife)

Address Boise Idaho

Filed 10-13 1906 Robt. N. Pratt
Registrar.

Give names added from a supplemental report.

, 192

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

DELAYED

391-102-001-744

PLACE OF BIRTH

RECEIVED NOV 3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

CERTIFICATE OF BIRTH

No. 1220 Main St. Registration District No. 2 State File No. 145726

Hospital Primary Registration District No. 1004 Local Registrar's No. Filed

FULL NAME OF CHILD Elmoyn Leslie Craig
(Certificate of no value without full name of child)

Sex of Child M | Twin Triplet or other? — | and | Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of birth 6 - 2 1929 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Walter A Craig	FULL MAIDEN NAME	Bessie Humphrey
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kus	BIRTHPLACE	Mo.
OCCUPATION	Laundryman	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

Registrar.

(Signature) M Callaway Joplin
Physician
(Physician or midwife)

Address Boise

Filed Oct 21 1929 P. A. Coats
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1943

DELAYED

695-121001-557

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

RECEIVED
NOV 3 1926
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

145733

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. .....

Primary Registration District No. 1004 Local Registrar's No. .....

Filed

FULL NAME OF CHILD Boy (No Name)

(Certificate of no value without full name of child)

Sex of Child	Twin / Triplet / or other? ..... (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				yes	3-21-1926

What bactericidal solution was used in eyes? 2% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER		MOTHER
FULL NAME	Earl A Field	FULL MAIDEN NAME	Daisy Evans
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wis	BIRTHPLACE	Minn
OCCUPATION	Laborer	OCCUPATION	Sw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCallumway Joplin
Physician
(Physician or midwife)

Address Boise Idaho

Filed Oct 26 1926 R. H. Trask
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

893-604-09-697

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 2
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

145790

County of Ada

City of Boise

No. ..... St. Registration District No. 8 State File No. .....

Hospital ..... Primary Registration District No. 2008 Local Registrar's No. 99

FULL NAME OF CHILD (No name)

(Certificate of no value without full name of child)

Sex of Child M. | Twin / Triplet / or other? — | and | Number in order of birth — | (To be answered only in event of plural births) | Legitimate? yes | Date of birth 12 (Month) 4 (Day) 1929 (Year)

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth — Number of child of this mother now living, including present birth —

FATHER		MOTHER	
FULL NAME	Henry Hill	FULL MAIDEN NAME	Lizzie Nelson
RESIDENCE	Boise R D	RESIDENCE	Boise R D
COLOR	Hispanic	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	None.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) M. Calloway, Jr. M.D.
Physician
(Physician or midwife)

Address Boise Idaho

Filed Oct 30 1929 R. H. Rudd Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. If twin or more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 09-2263882

BOTH
DELAYED

SIGNED BY
ATTENDING DR

645-210001-853

PLACE OF BIRTH

County of Ada

City of Boise

No. 1[illegible] St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 26 [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 State File No. 146831

Primary Registration District No. 2008 Local Registrar's No. [illegible]

FULL NAME OF CHILD Harriett Freeland

(Certificate of no value without full name of child)

Sex of Child F | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth 9 (Month) 10 (Day) 1929 (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Fred A. Freeland	FULL MAIDEN NAME	Delora Helvern
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Dragman	OCCUPATION	Hel.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCarney Jr
Physician
(Physician or midwife)

Address Boise Idaho

Filed Nov 12 1926 P. H. Ball
Registrar.

Give names added from a supplemental report.

, 192

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED NOV 29 1926

245-220-901849

County of Ada

City of Eagle

No. R.D. 1 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9+10 State File No. 146862

Hospital

Primary Registration District No. 9+10 Local Registrar's No.

FULL NAME OF CHILD Esther Gertrude Kunkler

(Certificate of no value without full name of child)

Sex of Child F

Twin Triplet or other? — and Number in order of birth —

(To be answered only in event of plural births)

Legitimate? yes

Date of birth 10 (Month) 20 (Day) 1929 (Year)

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Elmer F. Kunkler	FULL MAIDEN NAME	Chloe Hurst
RESIDENCE	Eagle RD	RESIDENCE	Eagle RD
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) M. Vaccaway Jaffus

Physician

(Physician or midwife)

Address Buse Idaho

Filed Nov 20 1926 Emma Jackson

Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

465 721-221-000

County of Ada

City of Boise

No. near Foundry St.

Hospital

RECEIVED NOV 26 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. 146872

Primary Registration District No. 1004 Local Registrar's No. Filed

FULL NAME OF CHILD not named

(Certificate of no value without full name of child)

Sex of Child: M

Twin / Triplet / or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? yes

Date of birth 2 (Month) — 21 (Day) — 1929 (Year)

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Geo. W. Montgomery	FULL MAIDEN NAME	Nancy —
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Kas
OCCUPATION	Painter	OCCUPATION	Hw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 5P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) McCallaway Japlin

Physician

(Physician or midwife)

Address Boise Idaho

Filed Nov 3 1926 P. H. Pratt

Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

386206 Ada 000

County of Ada

City of Boise

No. ..... St.

Hospital .....

RECEIVED NOV 26 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. 146880

Primary Registration District No. 1004 Local Registrar's No. Filed

FULL NAME OF CHILD Evelyn Jones-Thomas

(Certificate of no value without full name of child)

Sex of Child F. | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth 1 (Month) 6 (Day) 1909 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Henry James-Thomas	FULL MAIDEN NAME	Edith —
RESIDENCE	Boise	RESIDENCE	
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Michigan	BIRTHPLACE	Iowa
OCCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) M. Dallaway-Jaffin

Physician

(Physician or midwife)

Address Boise Idaho

Filed Nov 3 1926 R. H. Pratt Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

666-123 806 663

County of Ada

City of Boise

No. ..... St. ..... Registration District No. 2 State File No. 146887

Hospital ..... Primary Registration District No. 1004 Local Registrar's No. filed

RECEIVED NOV 26 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Edsal Woodall

(Certificate of no value without full name of child)

Sex of Child M. | Twin / Triplet / or other? — | and | Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of birth 12-23-1909 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% Silver Nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Wm Woodall	FULL MAIDEN NAME	Lillie Wolfe
RESIDENCE	Boise R D	RESIDENCE	Boise R.D.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	England	BIRTHPLACE	Ohio
OCCUPATION	Mechanic	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) M. Calloway Joplin

Physician

(Physician or midwife)

Address Boise Idaho

Filed 11-8-26 192... R. N. Pratt

Registrar.

DELAYED

698-107 001 212

PLACE OF BIRTH JAN 4 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Ada

City of ~~Boise~~ Star

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. 9+10 State File No. 147652

Hospital ..... Primary Registration District No. 9+10 Local Registrar's No. 1

FULL NAME OF CHILD Homer N. Fry
(Certificate of no value without full name of child)

Sex of Child M | Twin / Triplet / or other? — } and { Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of birth 12 – 7 1926 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Otto J Fry	FULL MAIDEN NAME	Bessie Baker
RESIDENCE	Star ~~Boise~~	RESIDENCE	~~Boise~~ Star
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192..

..... Registrar.

(Signature) McCarroll Jr Physician
(Physician or midwife)

Address Boise Idaho

Filed Dec 5 1926 Orville Jackson Registrar.
Ada Co Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

75/202.001-235

PLACE OF BIRTH

County of Ada

City of Boise

No. 533 so 14 St.

Hospital L

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 148315

Registration District No. 2 State File No. 148315

Primary Registration District No. 1004 Local Registrar's No.

FULL NAME OF CHILD Pearl Pearson

(Certificate of no value without full name of child)

Sex of Child F | Twin Triplet or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Sep 2 1909 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Crede sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Pearson	FULL MAIDEN NAME	Ina Stewart
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Painter	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician ~~or midwife~~)

Address Boise Ida.

Give names added from a supplemental report.

....., 192....

Registrar.

Filed Jan. 14 1927 David Burrell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-120025 48

PLACE OF BIRTH

RECEI[redacted]25 1927

County of Idaho

City of Stites

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 150751

No. ..... Registration District No. ..... State File No. .....

Hospital Juvenile Home Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Fred Alfred Roberts.
(Certificate of no value without full name of child)

Sex of Child male | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth June 20 1909 (Month) (Day) (Year)

What bacteridcal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 8th Number of child of this mother now living, including present birth 8 4

FATHER		MOTHER	
FULL NAME	John LeRoy Roberts	FULL MAIDEN NAME	Christina Moeller
RESIDENCE	Stites Idaho.	RESIDENCE	Stites Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Hampton Iowa	BIRTHPLACE	Potter Kansas.
OCCUPATION	labor	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 10:00 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Lucy E. Wolters
Midwife
(Physician or midwife)

Address Sellack, Wash.

Give names added from a supplemental report.

....., 192...

..... Registrar.

Filed Apr. 25 1927 David Burrell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-128042-168

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 150754

CERTIFICATE OF BIRTH

Registration District No. State File No.

Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Harold Corwin French
(Certificate of no value without full name of child)

Sex of Child: Male | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth: ~~Nov.~~ (Month) 28 (Day) 1909 (Year)

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edwin John French	FULL MAIDEN NAME	Ada May Johnson
RESIDENCE	Twin Falls, Idaho.	RESIDENCE	Twin Falls, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Physician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) E. J. French M.D
Physician
(Physician or midwife)

Address Twin Falls, Ida.

Filed May 5 1927 David Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nezperce

City of Ilo

795 113035 393 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 151388

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Lloyd A Pierce
(Certificate of no value without full name of child)

Sex of Child: Male

Twin / Triplet / or other? } and { Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth: April - 17th 1909
(Month) (Day) (Year)

What bactericidal solution was used in eyes? Boracic Acid

Number of child of this mother, including present birth: Third
Number of child of this mother now living, including present birth: Three

FATHER		MOTHER	
FULL NAME	James Arthur Pierce	FULL MAIDEN NAME	Dora Ethel Lile
RESIDENCE	Lewiston	RESIDENCE	Ilo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Oregon	BIRTHPLACE	Asotin Co. Wash.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at Nine (9) P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ethel Pierce (Mother)

(Physician or midwife)

Address Walla Walla - Wn

Give names added from a supplemental report.

..... , 192...

Registrar.

Filed June 8 1927 David Burrell Registrar.

443 208 003 249

PLACE OF BIRTH

RECEIVED MAY 20 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

CERTIFICATE OF BIRTH

151512

No. 723 N. Hayes St. Registration District No. 28 State File No.

Hospital Primary Registration District No. 2141 Local Registrar's No. 8146

FULL NAME OF CHILD Grace Margaret Duckering
(Certificate of no value without full name of child)

Sex of Child Female | Twin Triplet or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth July 8 (Month) (Day) 1909 (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME William Elmhurst Duckering	FULL MAIDEN NAME Grace Ann Smith
RESIDENCE 723 N. Hayes - Pocatello	RESIDENCE 723 N. Hayes
COLOR White AGE AT LAST BIRTHDAY 27 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE England	BIRTHPLACE Wyoming
OCCUPATION Civil Engineer O. S. L.	OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Dr. O. B. Steeley

(Physician or midwife)

Address Pocatello

Filed 7/1 1927 J H Young Registrar.

, 192

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

199-112-006-353

PLACE OF BIRTH

RECEIVED OCT 14 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

154923

County of Ada

City of Boise

No. 706 Idaho St St. Registration District No. 2 State File No. 154923

Hospital Primary Registration District No. 1004 Local Registrar's No.

CERTIFICATE OF BIRTH

FULL NAME OF CHILD John Albert Anregui
(Certificate of no value without full name of child)

Sex of Child male | Twin / Triplet / or other? and Number in order of birth 2 (To be answered only in event of plural births) | Legitimate? Yes | Date of birth July 12 1927 (Month) (Day) (Year)

What bactericidal solution was used in eyes? no

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Mateo Anregui	FULL MAIDEN NAME	Adriana Olaya
RESIDENCE	706 Idaho St	RESIDENCE	706 Idaho St
COLOR	white	COLOR	
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	~~706 Idaho St~~ Spain	BIRTHPLACE	Spain
OCCUPATION	Hotel Keeper	OCCUPATION	~~Hotel Keeper~~ Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo Cousins
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 192...

Registrar.

Filed Oct 14 1927 David Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 315-210009 RECEIVED NOV 8 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

155686

County [redacted] Bonner

City of [redacted] Bonners Ferry

No. the Sulen St. Registration District No. ..... State File No. 15-56-8-6

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Leona Matilda Lavoie

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)			yes	Nov. 10th 1909

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Albert Joseph Lavoie	FULL MAIDEN NAME	Rosie Gillard
RESIDENCE	Bonners Ferry Idaho	RESIDENCE	Bonners Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 5 A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry, M.D.

(Physician or ~~midwife~~)

Address Bonners Ferry Idaho

Give names added from a supplemental report.

....., 192....

Registrar.

Filed NOV 8 1927 192.... Darwin Burrell

State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

695 105 00 17A

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

155687

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. 155687

Prim. Registration District No. 1004 Local Registrar's No. 680

FULL NAME OF CHILD Fredrick James Fielding

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	June 5 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Fredrick Lorne Fielding	FULL MAIDEN NAME Alice Dunlap Gainer
Residence (Usual place of abode) Boise	Residence (Usual place of abode) Same
If nonresident, give place and State	If nonresident, give place and State .....
Color or race W Age at last Birthday 30 (Years)	Color or race W Age at last Birthday 28 (Years)
Birthplace Canada (City and State or Country)	Birthplace Kingsley (City and State or Country)
Occupation Druggist	Occupation H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

(Signature) A. D. Springer M.D.

(Physician or midwife)

Address Boise, Idaho

Filed Nov 5 1927 Paula McDonald

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

955-20-884-751

PLACE OF BIRTH

County of Bear Lake

City of Bonder

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 161403

161403

No. ..... St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Florence Marie Reed

(Certificate of no value without full name of child)

Sex of Child Female | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Nov. 1 1909 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Hugh Allen Reed	FULL MAIDEN NAME	Annie Estella Barkard
RESIDENCE	Bonder, Idaho	RESIDENCE	Bonder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Pa	BIRTHPLACE	Iowa
OCCUPATION	Section Foreman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Estella Reed

(Physician or midwife)

Address 409 So 2 Boise Ida

Give names added from a supplemental report.

....., 192...

Registrar.

Filed May 31 1928 David Burrell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-103-040-4613

PLACE OF BIRTH RECEIVED JUN 25 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

162465

County of Shoshone

City of Mullan

No. Second St. Registration District No. State File No. 162465

Hospital Home Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Urho Matias Mattson

(Certificate of no value without full name of child)

Sex of Child Boy | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth June 3 1909 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Gust Mattson	FULL MAIDEN NAME	Ida Mattson
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Finland, Europe	BIRTHPLACE	Finland, Europe
OCCUPATION	Miner	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ida Mattson (mother)

(Physician or midwife)

Address Mullan Idaho

Give names added from a supplemental report.

June 23, 1928

Registrar.

FILED JUN 25 1928 192

David Burnell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V. S. No. 1 MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. †In case of Plural Births, Local Registrars will note here the Registered Nos. of Certificates of "Mates" and show whether Births or Stillbirths: .....

(82916—10M Bks.—1-28)(2

RECEIVED JUN 29 1928

163211

STATE OF ~~ILLINOIS~~ Idaho

Department of Public Health - Division of Vital Statistics

1632 11

ORIGINAL

CERTIFICATE OF BIRTH

Registered No. .....
(Consecutive No.)

1. PLACE OF BIRTH

County of Canyon

Registration Dist. No. .....

Parma

981-122-014-345

*Township
*Road Dist.
*Village
*City

Primary Dist. No. .....

*(Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address).

Street and Number, No. ..... St., ... Ward. ..... Hospital
(If birth occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME OF CHILD ALFRED LA VERNE RYAN
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Male

†4. Twin, Triplet, or other? .....
(To be answered only in the event of plural births)

5. Number in order of birth .....

6. Legitimate? Yes

7. Date of birth June (Month) 22 (Day), 1908 (Year)

FATHER	MOTHER
8. Full Name: John F. Ryan	14. Full Maiden Name: Nora E. Cunningham
9. Residence (P. O. Address): Parma Idaho	15. Residence (P. O. Address): Parma, Idaho
10. Color: White — 11. Age at last birthday: 26 years	16. Color: White — 17. Age at last birthday: 22 years
12. Birthplace (City or Place): Tonica Ill. (Name State, if in U. S.): ..... (Name Country, if Foreign):	18. Birthplace (City or Place): ..... (Name State, if in U. S.): Kansas (Name Country, if Foreign): .....
13. Occupation (Nature of Industry): Farmer	19. Occupation (Nature of Industry): Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living: One (b) Born alive but now dead: None (c) Stillborn: None

What treatment was given child's eyes at birth?

21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE at ..... M., on the date above stated.

*Where there is no attending physician or midwife, then the father, mother, householder, etc., shall make this return. See Sec. 12, vital statistics law.

22. (Signature) John F. Ryan Father M. D. Midwife
(Physician or Midwife)

Address Tonica, Ill. Telephone .....

Date Certificate Signed June (Month) 15 (Day) 1928 (Year)

23. Given name added from a supplemental report Attested and filed this 18th day of May (Month) (Day), 1928 (Year)
H. Schaibley
~~Registrar~~ Notary Public

24. Filed ..... 19 ..... Registrar

Post Office Address .....

V. S. 19

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH—DIVISION OF VITAL STATISTICS

State of Illinois

County of La Salle

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John F. Ryan being first duly sworn says that He is the Father (Relationship to child)* of Alfred LaVerne Ryan born June 25, 1909 (Date of birth) at Parma, Idaho, Illinois, whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Section 14** of the Law, "To provide for the registration of all births, stillbirths, and deaths in the State of Illinois;" and affiant further states that the facts contained in the certificate of birth of the said Alfred LaVerne Ryan hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Don't remember name of Doctor M. D. was the Midwife medical attendant at the birth of said Alfred LaVerne Ryan and that the said medical attendant is _____ (Now deceased (or) cannot be located)

Name of Affiant John F. Ryan

P. O. Address Tonica, Ill.

Subscribed and sworn to before me this 18th day of May, 1928

H. J. McKinley

Notary Public.

*If the father and mother are dead, and the next nearest of kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

(81990—10M—1-28)

312-214 028-312

PLACE OF BIRTH

RECEIVED SEP 7 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Kootenay

City of Coeur d'Alene

CERTIFICATE OF BIRTH 163941

No. 714 B. St. St. Registration District No. ..... State File No. 6

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ethel Mackeen Casey
(Certificate of no value without full name of child)

Sex of Child Female | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth May 14th 1907 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Silver nit. Sol. 1%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Philip Casey	FULL MAIDEN NAME	Eliza Margaret Casey
RESIDENCE	714 B St. Coeur d'Alene	RESIDENCE	714 B St Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Hapkan, Nova Scotia	BIRTHPLACE	Athol - Nova Scotia
OCCUPATION	Building Contractor	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Dwyer
Phys
(Physician or midwife)

Address Coeur d'Alene Idaho

Give names added from a supplemental report.

....., 192...

Filed SEP 7 1928, 192... David Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

State File No. 164186

Registered No.

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH—

County Bonner (Now Boundary) State Idaho

Township - - - - - - - - - - - - - - - - or Village Porthill

City - - - - - - - - - - - - - - No. - - - - - - - - - - - - - - - - St. - - - - Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lester Keene Fleming (If child is not yet named, make supplemental report, as directed)

3. Sex of child Male

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. Number, in order of birth

6. Legitimate? Yes

7. Date of birth Sept. 13, 1909. (Month, day, year)

8. FATHER	14. MOTHER
Full name: Arthur Julian Fleming	Full maiden name: Frances May Thompson
9. Residence (Usual place of abode) If nonresident, give place and State: Porthill, Idaho	15. Residence (Usual place of abode) If nonresident, give place and State: Porthill, Idaho
10. Color or race: White — 11. Age at last birthday: 32 (Years)	16. Color or race: White — 17. Age at last birthday: 23 (Years)
12. Birthplace (city or place): Chicago (State or country): Illinois	18. Birthplace (city or place): Streator (State or country): Illinois
13. Occupation: U. S. Customs Officer Nature of industry:	19. Occupation: Housewife Nature of industry:

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn - - - -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:20 P.m. on the date above stated.

**When there was no attending physician or widwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

Signature Arthur J. Fleming

Father (Physician or Midwife)

Given name added from a supplemental report (Month, day, year)

Address Porthill, Idaho.

Filed SEPT, 1928

Registrar.

Registrar.

611—7117

8—334e

V. S. No. 110

(Instructions on certain points may be printed on the back. Size of certificate, 6½ x 7⅞ inches.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

TREASURY DEPARTMENT

UNITED STATES CUSTOMS SERVICE

OFFICE OF THE DEPUTY COLLECTOR

Gateway, Montana.

September 3, 1928.

Bureau of Vital Statistics,
Boise, Idaho.

Dear Sirs:

I enclose herein Certificate of Birth of my son, Lester Keene Fleming, as of September 13, 1909.

I was unable to secure the services of a physician at the time, Dr. E. E. Fry of Bonners Ferry being alone and unable to leave his patients there.

The woman in attendance is now deceased and there is no one available who is conversant with the exact circumstances, except myself and wife.

Should you require any further data I shall be glad to supply same, if in my power.

Respectfully,

A. J. Fleming

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED SEP 6 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

164422

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. St.

249 230 028 231

(If born in hospital or institution give name.)

Registration District No. 30 State File No.

Prim. Registration District No. 1051 Local Registrar's No. 144

FULL NAME OF CHILD Anna Agnes Smith

(If stillborn substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Mar. 30 1929

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME Cyrus F. Smith	FULL MAIDEN NAME Clara Ella St John
Residence (Usual place of abode) Coeur d'Alene	Residence (Usual place of abode) Coeur d'Alene
If nonresident, give place and State Idaho	If nonresident, give place and State Idaho
Color or race White Age at last Birthday 30 (Years)	Color or race White Age at last Birthday 28 (Years)
Birthplace Indiana (City and State or Country)	Birthplace California (City and State or Country)
Occupation Steam Engineer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 6 P. M. on the date above stated.

(Signature) John T. Wood M.D.

(Physician or midwife)

Address Coeur d'Alene, Ida

Filed 8/8 1928 D. G. Drennan S. B. Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

168-206-014-795

PLACE OF BIRTH

RECEIVED OCT 5 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Caynon

City of Nampa

CERTIFICATE OF BIRTH

164824

No. ..... St. Registration District No. 7 State File No. .....

Hospital ..... Primary Registration District No. 2006 Local Registrar's No. .....

FULL NAME OF CHILD Lowella Francis Johnson
(Certificate of no value without full name of child)

Sex of Child Female | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of birth April 6 (Month) (Day) 1909 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Omer Elbern Johnson	FULL MAIDEN NAME Leta Lillian Green
RESIDENCE Nampa Idaho	RESIDENCE Nampa Idaho
COLOR white / AGE AT LAST BIRTHDAY 27 (Years)	COLOR white / AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Christain Co Illinois	BIRTHPLACE Sangamon Co. Illinois
OCCUPATION Farmer	OCCUPATION h

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

(Signature) Geo. A. A. Kellogg
Physician
(Physician or midwife)

Address Nampa, Idaho.

Filed Oct 2 1928 Mary Kerby by Bertha Conway
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-10 RECEIVED DEC 26 1928
-113

PLACE OF BIRTH

County of Kootenai

City of farm

No. ..... St.

at home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

166749

Registration District No. ..... State File No. 1

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Richard Edward Porret

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
male		fifth	yes	Aug	3	1909

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth fifth (a) Born alive and now living yes

Born alive but now dead no Stillborn no

FATHER	MOTHER
FULL NAME Charles Edward Porret	FULL MAIDEN NAME Olga Estelle Jacot Porret
Residence (Usual place of abode) farm	Residence (Usual place of abode) farm
If nonresident, give place and State	If nonresident, give place and State
Color or race white Age at last Birthday 41 (Years)	Color or race white Age at last Birthday 34 (Years)
Birthplace Noiraiguee, Switzerland (City and State or Country)	Birthplace Chaux-du-Milieu, Switzerland (City and State or Country)
Occupation farmer	Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) Chas. Edward Porret

father
(Physician or midwife)

Address St. Maries, Idaho.

Filed Dec 26 1928 C. K. Macey
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

654 203 025 359

RECEIVED FEB 7 1929

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Idaho

City of Tahoe P.O.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 168258

Primary Registration District No. 2141 Registered No. 6

FULL NAME OF CHILD Martha Rosetta Wedin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Feb 3 1909

FATHER	MOTHER
FULL NAME: Jesse Peter Wedin	FULL MAIDEN NAME: Bessie Bowen Leitch
RESIDENCE: Tahoe P.O. Idaho Co Idaho	RESIDENCE: Tahoe P.O. Idaho Co Idaho
COLOR: White — AGE AT LAST BIRTHDAY 26 (Years)	COLOR: White — AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE: Oestersund Sweden	BIRTHPLACE: Willow Lakes S. Dakota
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A.M. on the date above stated.

(Signature) Dr. F. M. Leitch
(Professional Midwife)
Address Tahoe Idaho now Moscow Idaho

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 29 1929 W. H. Leathers Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WEDIN

BOTH
DELAYED.

DUP OF 1909-302937

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Kamiah

~~Not~~ R. 1. Box 72

Idaho

(If born in hospital or institution give name.)

RECEIVED APR 17

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 170151

Registration District No. ..... State File No. ..... /

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Lecil Clark Brickey
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				Yes	Nov. 1 1929

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Mr William Brickey	FULL MAIDEN NAME Mrs. Winnie Brickey
Residence (Usual place of abode) Kamiah	Residence (Usual place of abode) Kamiah
If nonresident, give place and State Idaho	If nonresident, give place and State Idaho
Color or race White Age at last Birthday 66 (Years)	Color or race White Age at last Birthday 38 (Years)
Birthplace Virginia (City and State or Country)	Birthplace Kingston Illinois (City and State or Country)
Occupation Farmer	Occupation Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Mrs. Winnie Brickey
Mother
Kamiah Idaho
~~(Physician or midwife)~~

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed APR 17 1929 C. K. Macey
State Registrar.

1396-216-001-747

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. St. Alphonsus St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 170158

Registration District No. 2 State File No.

Prim. Registration District No. 1004 Local Registrar's No. 652

FULL NAME OF CHILD Anna Martin Crocker

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes	July 16 1909

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth (a) Born alive and now living

Born alive but now dead Stillborn

FATHER		MOTHER	
FULL NAME	E. C. Crocker	FULL MAIDEN NAME	Anna Martin Pingsley
Residence (Usual place of abode)	Boise	Residence (Usual place of abode)	Boise
If nonresident, give place and State		If nonresident, give place and State	
Color or race	W	Color or race	W
Age at last Birthday (Years)	39	Age at last Birthday (Years)	33
Birthplace (City and State or Country)	Connecticut	Birthplace (City and State or Country)	New York
Occupation	Mfg. Promoter	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) D. S. Brereton

(Physician or ~~midwife~~)

Address Boise Idaho

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Filed Copied from old record name of registrar not given

Paula McDonald Registrar

Registrar

613-204-001-819

PLACE OF BIRTH

County of Ada

City of Boise

No. 106 Idaho St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. 170911

Prim. Registration District No. 1004 Local Registrar's No.

FULL NAME OF CHILD Bessie Harris Falk

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Aug 4 1909

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME Leo F Falk	FULL MAIDEN NAME May Harris
Residence (Usual place of abode) 106 E. Idaho	Residence (Usual place of abode) 106 E. Idaho St
If nonresident, give place and State	If nonresident, give place and State
Color or race white Age at last Birthday 28 (Years)	Color or race white Age at last Birthday 29 (Years)
Birthplace Boise Id (City and State or Country)	Birthplace San Francisco (City and State or Country)
Occupation merchant	Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) [illegible]

(Physician or midwife)

Address Boise, Idaho

Filed May 15 1929 C. R. Macey

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

677-211-001-386

PLACE OF BIRTH

County of Ada

City of Boise

No. 1620 Broadway St.

(If born in hospital or institution give name.)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 7 State File No. 170925

Prim. Registration District No. 114 Local Registrar's No.

FULL NAME OF CHILD Edna Marian Oppenheim
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth 12 (Month) 11 (Day) 1909 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1st (a) Born alive and now living Yes

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME Benj. W. Oppenheim	FULL MAIDEN NAME Susan B. Thomas
Residence (Usual place of abode) So. Boise	Residence (Usual place of abode) So. Boise
If nonresident, give place and State	If nonresident, give place and State
Color or race White Age at last Birthday 26 (Years)	Color or race White Age at last Birthday 25 (Years)
Birthplace Denver Colo. (City and State or Country)	Birthplace Boise, Idaho (City and State or Country)
Occupation Lawyer	Occupation Housewife

CERTIFICATE OF ~~ATTENDING PHYSICIAN OR MIDWIFE*~~ Father

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 1 a M. on the date above stated.

(Signature) B W Oppenheim Father

(~~Physician or Midwife~~)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Boise Idaho

Filed Apr 29 1929 C. K. Macey State Registrar.

DELAYED

665-211-001-632

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 401 River St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. 170936

Prim. Registration District No. 104 Local Registrar's No. 571

FULL NAME OF CHILD Alice Elizabeth Owen

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes	January 11 1929

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME L. Owen	FULL MAIDEN NAME Anna Olson
Residence (Usual place of abode) 401 River	Residence (Usual place of abode) 401 River
If nonresident, give place and State	If nonresident, give place and State
Color or race W Age at last Birthday 28 (Years)	Color or race W Age at last Birthday 20 (Years)
Birthplace Canada (City and State or Country)	Birthplace Wadlington (City and State or Country)
Occupation Mechanic	Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at M. on the date above stated.

(Signature) John Brock M.D.

(Physician or midwife)

Address Boise, Idaho

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Filed May 23 1929 R. H. Pratt

Registrar.

c.c. 6/13/41. w.h.

DELAYED

315-124-922-213

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ..... St. Registration District No. 100 State File No. 171674

Hospital ..... Primary Registration District No. 2178 Local Registrar's No. 133

FULL NAME OF CHILD Hideo Tanagi

(Certificate of no value without full name of child)

Sex of Child Male | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth 7/24 1909 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Kiechi Tanagi	FULL MAIDEN NAME	Miki Sato
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Farmer Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 2, A.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Kiechi Tanagi
Farmer
~~(Physician or midwife)~~

Address .....

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed 6/17 1929 J. Cyoma Registrar.

"WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-231-016-46

PLACE OF BIRTH JUN 26 1929

County of Cassia

City of Oakley

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 171696

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Annie Sophia Larson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female					Dec 31 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living living

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME John August Larson	FULL MAIDEN NAME Mary Edna Mooso
Residence (Usual place of abode) Oakley	Residence (Usual place of abode) Oakley
If nonresident, give place and State Idaho	If nonresident, give place and State Idaho
Color or race white Age at last Birthday 34 (Years)	Color or race white Age at last Birthday 24 (Years)
Birthplace Grantsville Utah (City and State or Country)	Birthplace Farmington Idaho (City and State or Country)
Occupation	Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Dr. A. F. O. Neilson

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed ..... 19..... .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-109 040 238

PLACE OF BIRTH

RECEIVED AUG 8 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 123

File No. 173461

Hospital Wardner

Primary Registration District No. 2201

Registered No. 89

FULL NAME OF CHILD Hempstead Lee Kennett
(Certificate of no value without full name of child.)

Sex of Child: Male

Twin / Triplet / or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth: April 9 1929
(Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth: One

Number of child of this mother now living, including present birth: One

FATHER		MOTHER	
FULL NAME	George Hempstead Kennett	FULL MAIDEN NAME	Mary Perle Schmalhausen
RESIDENCE	Kellogg, Idaho	RESIDENCE	Kellogg, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Montana
OCCUPATION	Physician	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo H Kennett MD
(Physician or midwife)

Address Kellogg Ida

Filed July 30 1929 Mrs. Helen McBride
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERM... ...T RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED SEP 13 1929

PLACE OF BIRTH

County of Kootenai

City of Granite, Ida.

No. ..... St.

646-1/9 028:266

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 173534

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Valen Thomas O'Donnell

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				Yes	June 19th 1929

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? boric acid

Number of child of this mother, including present birth First (a) Born alive and now living Yes

Born alive but now dead 0 Stillborn 0

FATHER		MOTHER	
FULL NAME	Samuel Thomas O'Donnell	FULL MAIDEN NAME	Roberta Gladys Bowers
Residence (Usual place of abode)	Granite, Idaho	Residence (Usual place of abode)	Granite, Ida.
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	30	Age at last Birthday (Years)	19
Birthplace (City and State or County)	Walla Walla - Wash	Birthplace (City and State or County)	Bowling green. Kess.
Occupation	Cedar inspecter	Occupation	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 8:00 a. M. on the date above stated.

(Signature) Frank Ware

Physician

(Physician ~~or midwife~~)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed Sept 13 1929 C K Mary

State Registrar

RECEIVED SEP 30 1929

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. At home of St.

O. V. Badley

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 174435

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Robert Emerson Badley

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	S	3	Yes	Jan. 18 1909

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth Third (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	John Emerson Badley	FULL MAIDEN NAME	Edith Marie Hestrum
Residence (Usual place of abode)	Boise Idaho	Residence (Usual place of abode)	Boise Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	31	Age at last Birthday (Years)	32
Birthplace (City and State or County)	White Rock - Kansas	Birthplace (City and State or County)	Nashville Tenn.
Occupation	Supt. Const. — U. S. R. S.	Occupation	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) J. W. Gue M. D.

(Physician or midwife)

Address Caldwell Idaho

Filed Sept. 30 1929 E K Macey State Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

256-202-040-319

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Wallace Hospital

(If born in hospital or institution give name.)

NOV 6 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 175836

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mary Drusilla Snow

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Aug 2 (Month) (Day) 1909 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1st (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	George Abraham Snow	FULL MAIDEN NAME	Anna Carson
Residence (Usual place of abode)	Mullan Idaho	Residence (Usual place of abode)	Mullan Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)		Age at last Birthday (Years)	21
Birthplace (City and State or County)	Lyndon Kansas	Birthplace (City and State or County)	Leadville Colo.
Occupation	Mining Engineer	Occupation	~~Housew~~ Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 6 P. M. on the date above stated.

(Signature) Anna C. Snow

Geo. A. Snow
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 2708-N-Perry St. Spokane, Wn.

Filed Nov 1929

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-110-025-389

PLACE OF BIRTH

County of Idaho

City of Kingston

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 176683

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Peter Salowan

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	August 10 1909

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? —

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead — Stillborn —

FATHER	MOTHER
FULL NAME Daniel M. Salowan	FULL MAIDEN NAME Stefania Chinko
Residence (Usual place of abode) Slawa, Alta. Can	Residence (Usual place of abode) Slawa, Alta. Can
If non-resident, give place and State —	If non-resident, give place and State —
Color or race Ukrainian Age at last Birthday 28 (Years)	Color or race Ukr. Age at last Birthday 25 (Years)
Birthplace Austria (City and State or County)	Birthplace Austria (City and State or County)
Occupation Merchant	Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) D M Salowan

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed Aug 1923 .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED FEB 12 1930

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 178514

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Helen Elizabeth Day
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Aug. 28 1909

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Warren H. Day	FULL MAIDEN NAME	Edith Robbins
Residence (Usual place of abode)	Richfield	Residence (Usual place of abode)	Richfield
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	26	Age at last Birthday (Years)	25
Birthplace (City and State or County)	Bradford Vermont	Birthplace (City and State or County)	Hastings Iowa
Occupation	Civil Engineer	Occupation	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... A.M. on the date above stated.

(Signature) K. M. Verber Kunes
Physician
(Physician or midwife)

Address Hoopka · Idaho

Filed Feb. 12 1930 Bessie N Lepper
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH JAN 2 1930

County of Bear Lake

City of Montpelier

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 178527

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Charles Saul Locks

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	one	yes	June 10, 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth first (a) Born alive and now living two

Born alive but now dead none Stillborn .....

FATHER	MOTHER
FULL NAME Sam Locks	FULL MAIDEN NAME Sarah Goldman
Residence (Usual place of abode) Montpelier, Idaho	Residence (Usual place of abode) New York City
If non-resident, give place and State	If non-resident, give place and State .....
Color or race white Age at last Birthday 48 (Years)	Color or race white Age at last Birthday 41 (Years)
Birthplace Russia (City and State or County)	Birthplace Poland (City and State or County)
Occupation Hide & Fur dealer	Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) Sam Locks

father

(Physician or midwife)

Address Montpelier, Idaho

Filed March 5 1930 Bessie Lepper State Reg.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED JAN 2 1909

County of Bear Lake

City of Montpelier

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Saul Locks
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		one	yes	June 10 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth first (a) Born alive and now living two

Born alive but now dead none Stillborn .....

FATHER	MOTHER
FULL NAME Sam Locks	FULL MAIDEN NAME Sarah Goldman
Residence (Usual place of abode) Montpelier, Idaho	Residence (Usual place of abode) New York City
If non-resident, give place and State	If non-resident, give place and State .....
Color or race white Age at last Birthday 45 (Years)	Color or race white Age at last Birthday 41 (Years)
Birthplace Russia (City and State or County)	Birthplace Poland (City and State or County)
Occupation hyde & fur dealer	Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) Sam Locks

father
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed ..... 19 .....

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED APR 4 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

179952

County of Shoshone

City of Kellogg

No. 331-130-240-266 Registration District No. State File No.

Hospital Primary Registration District No. Local Registrar's No. 37

FULL NAME OF CHILD Charles Jasper Clark
(Certificate of no value without full name of child)

Sex of Child Male | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth June (Month) 30 (Day) 1929 (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ~~Four~~ 4 / Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Walter Crompton Clark	FULL MAIDEN NAME Grace Irona Gorrell
RESIDENCE Kellogg, Idaho.	RESIDENCE Kellogg - Idaho
COLOR White AGE AT LAST BIRTHDAY 34 (Years)	COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Springfield - Ill	BIRTHPLACE Waukon - Iowa
OCCUPATION Elect. Engineer	OCCUPATION Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 8:35 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo H Kennedy, MD
(Physician or midwife)

Address Kellogg, Idaho

Filed Mar. 30 1930 Mrs Helen McBride
Registrar.

Give names added from a supplemental report.

, 192

Registrar.

AUG 5 1992

113-185-864-695

PLACE OF BIRTH

County of Canyon

City of Payette

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 180049

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Roland Adolph Jacobsen
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male				yes	Oct 5 1909 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1st (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME Carl Peter Jacobsen	FULL MAIDEN NAME Bird Leota Wells
Residence (Usual place of abode) Payette	Residence (Usual place of abode) Payette
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 22 (Years)	Color or race White Age at last Birthday 21 (Years)
Birthplace Payette Idaho (City and State or County)	Birthplace Adelphi Iowa (City and State or County)
Occupation Farmer	Occupation Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 1 A.M. on the date above stated.

(Signature) L. R. Wood, M.D.
(Physician ~~or midwife~~)

Address Payette Idaho

Filed April 29 1930 Bessie N. Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

2931.2 024-763

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 180891

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Joseph Theadore Silva

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	Nov. 25 1909 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth One (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Joseph William Silva	FULL MAIDEN NAME	Elsie Georgiana Poling
Residence (Usual place of abode)	Gooding Ida	Residence (Usual place of abode)	Gooding Ida
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	White
Age at last Birthday	24 (Years)	Age at last Birthday	18 (Years)
Birthplace (City and State or County)	Rosa Vill California	Birthplace (City and State or County)	Portland Oregon
Occupation	farmer	Occupation	house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 11:15 P. M. on the date above stated.

(Signature) Susie L. Poling

Mid Wife

(Physician or midwife)

Address Gooding Ida

Filed May 20 1930 Bessie N. Lepper

State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding

Certificate No. 18891

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for correction name (Name on Original Certificate) Theodore Joseph Silva who born (Was Born or Died) on ~~Feb~~ Nov. 12, 1909 (Date of Event) in Gooding Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Joseph Theodore	Theodore Joseph Silva

Subscribed and sworn to before me this 14th day of August, 1943.

Notary Public, residing at Gooding Idaho

My commission expires Dec 2-1944
(Seal)

Signed x Elsie S. Silva (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gooding Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of August, 1943.

Notary Public, residing at Gooding Ida

My commission expires 12/2/44
(Seal)

Signed x F. N. Huffman
(Signature of Any Credible Person Other Than Previous Year)

Gooding Ida
(Street Address, City, State)

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

78-712 001 812

PLACE OF BIRTH

County of Ada

City of Boise Idaho

No. 1308-E. State St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

180793

180893

Registration District No. 2 State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Howard Stuart Sherman

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
MALE				Yes	July 12th 1909

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 2nd (a) Born alive and now living Yes

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME Louis Philip Sherman	FULL MAIDEN NAME Marion Louise Hayward
Residence (Usual place of abode) 1308-E State	Residence (Usual place of abode) 1308-E State
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last Birthday 34 (Years)	Color or race White Age at last Birthday 34 (Years)
Birthplace Chicago Ills Cook (City and State or County)	Birthplace Jersey City New Jersey (City and State or County)
Occupation	Occupation Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at P.M. on the date above stated.

(Signature) Louis Philip Sherman
Marion Louise Sherman
(~~Physician~~ or ~~Midwife~~) Father & Mother

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address

Filed 5-22-1930 Bessie M. Lefever
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED MAY 31 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Payette

No. ..... St. 863-104 014 312

(If born in hospital or institution give name.)

Registration District No. ..... State File No. 180917

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD William Douglas Holt
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Sept. 4 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth One (a) Born alive and now living One

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME William Staten Holt	FULL MAIDEN NAME Emma Amelia Case
Residence (Usual place of abode) Payette, Idaho	Residence (Usual place of abode) Payette, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 24 (Years)	Color or race White Age at last Birthday 21 (Years)
Birthplace Salt Lake City, Utah (City and State or County)	Birthplace Carey, Idaho (City and State or County)
Occupation Barber	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) J. P. Woodward, MD
(Physician or midwife)

Address Payette, Idaho

Filed June 2 1930 Bessie N Lepper
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JUN 7 1930

PLACE OF BIRTH

County of Bonner County

City of Bonners Ferry

No. 689 125 109 415 St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

180925

Registration District No. ..... State File No. 180925

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Harrison Lupton White

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male					January 25 1909 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth first (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Frank Lupton White	FULL MAIDEN NAME	Edna Marie Danforth
Residence (Usual place of abode)	Bonners Ferry	Residence (Usual place of abode)	Bonners Ferry Ida
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	30	Age at last Birthday (Years)	25
Birthplace (City and State or County)	Zanesville Ohio	Birthplace (City and State or County)	St. Cloud Minnesota
Occupation	Smelter foreman	Occupation	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) E. E. [illegible]

Physician

(Physician or midwife)

Address Bonners Ferry, Ida

Filed June 7 1930 Bessie M. Lepper

State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 180925

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. ..... St.

314 11/12 5 692

(If born in hospital or institution give name.)

REGISTERED JUN 27 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 181732

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Nello Virgel Tautfest

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth March 11 (Month) (Day) 1909 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 12 (a) Born alive and now living 12

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Fred Tautfest	FULL MAIDEN NAME Katie Fisher
Residence (Usual place of abode) Ferdinand, Idaho	Residence (Usual place of abode) Ferdinand, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 49 (Years)	Color or race White Age at last Birthday 43 (Years)
Birthplace Russia (City and State or County)	Birthplace Russia (City and State or County)
Occupation Farming	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 11:00 A. M. on the date above stated.

(Signature) Fred Tautfest
Father
~~(Physician or midwife)~~

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address O'Keene, Okla.

Filed June 28 1930 Bessie M. Lepper
State Registrar.

655 12 0035 #38

RECEIVED JUN 25 1930

Original Record for State Registrar.

181736

DO NOT WRITE IN THIS SPACE

181736

Form V. S. No. 6

STATE OF ~~MONTANA~~ Idaho

STANDARD CERTIFICATE OF BIRTH

State Board of Health
BUREAU OF VITAL STATISTICS

Place of Birth

County of Nez Perce

Village or City of Sweetwater, Idaho No. ____, Street. Reg. No. 95

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Walter Richard Wendt (If child is not yet named, make supplemental report, as directed)

3. Sex: male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? X

8. Date of birth Aug. 20, 1909 (Month, day, year)

FATHER

9. Full name: Otto G. E. Wendt

10. Residence (usual place of abode) (If non-resident, give place and State): Sweetwater, Idaho

11. Color or race: white

12. Age at last birthday: 44 (Years)

13. Birthplace (city or place) (State or country): Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as Spinner, Sawyer, Bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as Silk Mill, Sawmill, Bank, etc.: "

16. Date (month and year) last engaged in this work: " , 19 "

17. Total time (years) spent in this work: "

MOTHER

18. Full maiden name: Henrietta J. Schifsponiet

19. Residence (usual place of abode) (If non-resident, give place and State): Sweetwater

20. Color or race: white

21. Age at last birthday: 37 (Years)

22. Birthplace (city or place) (State or country): Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as Housekeeper, Typist, Nurse, Clerk, etc.: Housewife

24. Industry or business in which work was done, as Own Home, Lawyer's Office, Silk Mill, etc.: "

25. Date (month and year) last engaged in this work: " , 19 "

26. Total time (years) spent in this work: "

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead ____ (c) Stillborn ____

28. If stillborn, period of gestation ____ months or weeks

29. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at ____ m., on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John B. Alley, M. D.

or ____, Midwife

Address Tacoma, Wash.

Given name added from a supplemental report ____ (Date of)

Registrar.

Filed 6-14, 1930 J. M. Tyle

Registrar.

799 11-14-655

RECEIVED JUL 3 1930

RECEIVED JUL 7 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

181742

County of Canyon

City of New Plymouth

No. ..... St. .....

Idaho

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Earnest Everett Griep

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male					May (Month) 16 (Day) 1909 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Harvey Lee Griep	FULL MAIDEN NAME Bertha Olive Vinner
Residence (Usual place of abode) New Plymouth	Residence (Usual place of abode) New Plymouth
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 31 (Years)	Color or race White Age at last Birthday 29 (Years)
Birthplace Creston Iowa (City and State or County)	Birthplace Creston Iowa (City and State or County)
Occupation Labor	Occupation unemployed

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 4 A. M.(?) on the date above stated.

Was called on account of Hemorrhage after the baby was born.

(Signature) Wm J Dripsdale MD

(Physician or midwife)

Address New Plymouth Ida

Filed July 7 1930 Bessie M Pepper State Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-12-41

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. Rural St.

255 12 00 1262

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 181748

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Alvin Babbitt Benson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	x		x	yes	Oct 26 1909

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

Number of child of this mother, including present birth 3rd (a) Born alive and now living 2

Born alive but now dead 1 Stillborn none

FATHER		MOTHER	
FULL NAME	B. H. Benson	FULL MAIDEN NAME	Susan F. Babbitt
Residence (Usual place of abode)	Boise Idaho	Residence (Usual place of abode)	Boise Idaho
If non-resident, give place and State	✓	If non-resident, give place and State	✓
Color or race	White	Color or race	White
Age at last Birthday (Years)	58	Age at last Birthday (Years)	39
Birthplace (City and State or County)	Lee Co. Ill	Birthplace (City and State or County)	Sanpete Co Utah
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 2 a. m. on the date above stated.

(Signature) Mrs. E. E. Robertson
Midwife
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Boise, Idaho

Filed July 10 1930 Bessie N. Lepper State Reg. Registrar

JAN 24 1942

SEP 11 1971

MAR 16 1976

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of IDAHO

City of WARREN

No. ..... St.

IDAHO

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

181756

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD RUTH IDAHO ZUMWALT

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
FEMALE				Yes	August 2 1909 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth Fourth (a) Born alive and now living One

Born alive but now dead Three Stillborn .....

FATHER	MOTHER
FULL NAME Chas. C. Zumwalt	FULL MAIDEN NAME Mary Avice Marion
Residence (Usual place of abode) Warren, Idaho	Residence (Usual place of abode) Warren, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 43 (Years)	Color or race White Age at last Birthday 36 (Years)
Birthplace McMinville, Oregon (City and State or County)	Birthplace Coles County, Illinoise (City and State or County)
Occupation U.S. Mail Contractor- Mining.	Occupation School teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 9 A. M. on the date above stated.

(Signature) [illegible]

MOTHER

~~(Physician or midwife)~~

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed July 15 1930 Bessie N. Lepper State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JUL 29 1930

PLACE OF BIRTH

County of Nezperce

City of Melrose

No. ..... St.

236 13/035 714

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 182779

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Edward Calvin Scott

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	May 31 1909 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Chas. O. Scott	FULL MAIDEN NAME Myrtle E. James
Residence (Usual place of abode) Melrose	Residence (Usual place of abode) Melrose
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last Birthday 32 (Years)	Color or race White Age at last Birthday 22 (Years)
Birthplace Ohio (City and State or County)	Birthplace Oregon (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) J. M. Lyle M.D.

(Physician ~~or midwife~~)

Address Lewiston, Ida

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Filed July 29 1930 Bessie N. Lepper State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho, AUG 1 1930

City of Woodland

No. ..... St.

St. Joseph Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 182782

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD William James Collins,

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child **Male** | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? **yes** | Date of birth June (Month) 29 (Day) 1909 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Lysol

Number of child of this mother, including present birth 4 (a) Born alive and now living 4

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME George Huse Collins	FULL MAIDEN NAME Daisy Mamie Frazier
Residence (Usual place of abode) Woodland, Idaho	Residence (Usual place of abode) Woodland, Idaho
If non-resident, give place and State	If non-resident, give place and State
Color or race white Age at last Birthday 32 (Years)	Color or race white Age at last Birthday 28 (Years)
Birthplace Elk Point, South Dakota (City and State or County)	Birthplace Moscow, Idaho (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 11, A. M. on the date above stated.

(Signature) X Hattie E. Collins

(Physician or midwife)

Address Woodland, Idaho.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Filed Aug. 1 1930 Bessie N. Lepper State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 613-128-00-613 St.

715 Warm Sprgs Ave.

(If born in hospital or institution give name.)

Copy of record on file in Boise City Health Office

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

184353

Registration District No. 2 State File No. 184383

Prim. Registration District No. 1004 Local Registrar's No. 797

FULL NAME OF CHILD Charles ~~Boy~~ Watson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M				Yes	9-28-09 (Month) (Day) (Year) 1909

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth (a) Born alive and now living

Born alive but now dead Stillborn

FATHER		MOTHER	
FULL NAME	Chas. R. Watson	~~FULL MAIDEN~~ NAME	Josephine Watson
Residence (Usual place of abode)	715 Warm Sprgs Ave	Residence (Usual place of abode)	same
If non-resident, give place and State		If non-resident, give place and State	
Color or race	W	Color or race	W
Age at last Birthday (Years)	43	Age at last Birthday (Years)	26
Birthplace (City and State or County)	Kansas	Birthplace (City and State or County)	Mexico
Occupation	Miner	Occupation	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

REPORTED BY

(~~Signature~~ Address) VAN NOTE

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address

Filed Sept 17 1930 Bessie N Lepper

State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

~~PLACE OF BIRTH~~ SEP 23 1930

County of Canyon

City of Pearl

No. 255-103. 014-255 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 184389

Registration District No. ..... State File No. 184389

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Elwan Omega Severine
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				yes	Aug 3 1929

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born-alive and now living 2

Born alive but now dead 0 Stillborn 0

FATHER		MOTHER	
FULL NAME	Walter Emil Severine	FULL MAIDEN NAME	Clara Dorothy Severine
Residence (Usual place of abode)	Pearl, Idaho	Residence (Usual place of abode)	Pearl, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	24	Age at last Birthday (Years)	20
Birthplace (City and State or County)	Weiser, Idaho	Birthplace (City and State or County)	Council, Idaho
Occupation	Miner	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) [illegible] M.D.
(Physician or midwife)

Address Emmett Idaho

Filed Sept. 23 1930 Bessie N. Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. ..... St.

268-209-022-594

(If born in hospital or institution give name.)

RECEIVED SEP 29 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

184401

Registration District No. ..... State File No. 184401

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Gertrude Martha Bohn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child female | Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth January (Month) 9 (Day) 1909 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Julius Bohn

Residence (Usual place of abode) Lewisville

If non-resident, give place and State .....

Color or race white Age at last Birthday 37 (Years)

Birthplace Germany (City and State or Country)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Martha Mary Nimmich

Residence (Usual place of abode) Lewisville

If non-resident, give place and State .....

Color or race white Age at last Birthday 24 (Years)

Birthplace Germany (City and State or Country)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive X / Stillborn } at 11-30 P. M. on the date above stated.

(Signature) Mrs S A Roberts

(Physician or midwife)

Address 709 Memorial Drive Idaho Falls Idaho

Filed Sept 29 1930 Bessie N. Lepper Registrar.
State

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Parma

No. Home St.

296-120 014 314

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

184413

Registration District No. ..... State File No. 184413

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Malcolm Campbell Brown

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Oct. 20 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth One (a) Born alive and now living One

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME Frank Mason Brown	FULL MAIDEN NAME Emma Elizabeth Campbell
Residence (Usual place of abode) Parma	Residence (Usual place of abode) Parma
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 36 (Years)	Color or race White Age at last Birthday 32 (Years)
Birthplace ~~Europe~~ Oregon (City and State or County)	Birthplace Garden City, Minn. (City and State or County)
Occupation Sheep Business	Occupation Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } **at** 8 P. M. **on the date above stated.**

(Signature) F. M. Brown

Father

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Parma, Idaho

Filed Oct. 14 1930 Bessie N. Lepper Registrar.

State

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED DEC 20 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

186657

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Mont pelier

No. ..... St.

385 720 004 384

(If born in hospital or institution give name.)

Registration District No. 52 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Charles Graham Cheney

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	March 20th 1909

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth one (a) Born alive and now living one

Born alive but now dead none Stillborn none

FATHER		MOTHER	
FULL NAME	Charles Ross Cheney	FULL MAIDEN NAME	Agnes Marie Turnman
Residence (Usual place of abode)	Mont pelier Idaho	Residence (Usual place of abode)	Mont pelier Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	29	Age at last Birthday (Years)	29
Birthplace (City and State or County)	London, Ontario Canada	Birthplace (City and State or County)	Washington County, Iowa
Occupation	Farming Salesman	Occupation	Home maker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 4:15 P. M. on the date above stated.

(Signature) Don Coyle M.D.

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed 12-26-1930 Bessie A. Lefever State Registrar.

165-203-035-863

189190

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. Idaho St.

St. Joseph's Hospital

(IF BORN IN HOSPITAL OR INSTITUTION GIVE NAME.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Emeline Jones

(IF STILLBORN, SUBSTITUTE THE WORD "STILLBIRTH" FOR NAME OF CHILD)

Sex of Child Female | Twin / Triplet / or other? | and | Number in order of birth

(TO BE ANSWERED ONLY IN EVENT OF PLURAL BIRTHS)

Legitimate? Yes

Date of birth July (MONTH) 3rd (DAY) 1909 (YEAR)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth First (a) Born alive and now living Yes

~~Born alive but now dead~~ _____ ~~Stillborn~~ _____

FATHER	MOTHER
Full Name Hudson Godfrey Jones	Full Maiden Name Ione Hollister Jones
Residence (Usual place of abode) Clarkston	Residence (Usual place of abode) Clarkston
If non-resident, give place and State Washington	If non-resident, give place and State Washington
Color or race White Age at last Birthday 27 (YEARS)	Color or race White Age at last Birthday 25 (YEARS)
Birthplace Philadelphia - Penna. (CITY AND STATE OR COUNTY)	Birthplace Crystal Falls - Michigan (CITY AND STATE OR COUNTY)
Occupation Bank Cashier	Occupation House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { **Born alive** / ~~**Stillborn**~~ } **at** 9:45 A. M. **on the date above stated.**

(Signature) Ione Hollister Jones

C. C. Phillips M.D.

(PHYSICIAN ~~OR MIDWIFE~~)

Address Lewiston Idaho.

Filed Jan 1936

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

References:

Rev. & Mrs. D.J.W.Somerville
Lewiston, Idaho

Dr. & Mrs. Paul W. Johnson
Clarkston, Washington

DELAYED

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St. 384 121 042-249

(IF BORN IN HOSPITAL OR INSTITUTION GIVE NAME.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

189205

189205

Registration District No. 37 State File No. _____

Prim. Registration District No. 2085 Local Registrar's No. _____

FULL NAME OF CHILD Norbert Bernard Chudzinski

(IF STILLBORN, SUBSTITUTE THE WORD "STILLBIRTH" FOR NAME OF CHILD)

Sex of Child Male **Twin Triplet or other?** _____ **and Number in order of birth** 1 **Legitimate?** Yes **Date of birth** Feb. 21 (MONTH) (DAY) 1909 (YEAR)

(TO BE ANSWERED ONLY IN EVENT OF PLURAL BIRTHS)

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol Sol 20 %

Number of child of this mother, including present birth First (a) Born alive and now living Yes

Born alive but now dead _____ Stillborn _____

FATHER	MOTHER
Full Name Seraphim S. Chudzinski	Full Maiden Name Verena A. Smith
Residence (Usual place of abode) Twin Falls	Residence (Usual place of abode) Twin Falls
If non-resident, give place and State _____	If non-resident, give place and State _____
Color or race White Age at last Birthday 24 (YEARS)	Color or race White Age at last Birthday 21 (YEARS)
Birthplace Fremont, Ohio (CITY AND STATE OR COUNTY)	Birthplace Fremont, Ohio (CITY AND STATE OR COUNTY)
Occupation Clerk	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ **at** 10 A.M. ~~M.~~ **on the date above stated.**

(Signature) Verena Smith Chudzinski
Dr John R Morgan
(PHYSICIAN OR ~~MIDWIFE~~)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Twin Falls Idaho

Filed March 26th 1931 Elizabeth J. Smith Registrar

OCT 15 1970

DELAYED

455 207 003 213

190272

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

190842

Registration District No._____ State File No._____

Prim. Registration District No._____ Local Registrar's No._____

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 655 North 5th St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mary Rose Devengenzo

3. Sex girl | If plural births: 4. Twin, triplet, or other Single; 5. Number, in order of birth 4 | 6. Premature ___ Full term X | 7. Legitimate? yes | 8. Date of birth Sept. 7, 1909 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: Crisanto Devengenzo	18. Full maiden name: Celesta Salvuccia
10. Residence (usual place of abode) 1666 Grant (If non-resident, give place and State) Ogden	19. Residence (usual place of abode) 1666 Grant (If non-resident, give place and state) Ogden
11. Color or race White 12. Age at last birthday 51 (years)	20. Color or race White 21. Age at last birthday 51 (years)
13. Birthplace (city or place) (State or country) Pesche, Italy Prov. Compobasso	22. Birthplace (city or place) (State or country) Pesche, Italy Prov. Compobasso
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section man	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house Work
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Union Pacific	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work at present, 19__ 17. Total time (years) spent in this work 7	25. Date (month and year) last engaged in this work ____, 19__ 26. Total time (years) spent in this work always

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 2

28. If stillborn, period of gestation 6 months or weeks | 29. Cause of stillbirth a fall | Before labor ___ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who ~~was born~~ Sept. 7, 1909 at 7 a. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. no doctor in attendance

(Signed) Crisanto Devengenzo M.D. or "Father", Midwife

Give name added from a supplemental report Crisanto Devengenzo "Father"

Address 1666 Grant Ave.

Filed JUNE 1931

30. Witnesses who have seen the birth are Genaro Devengenzo, Mike Fasano, and Gertrude De Gregory.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN 27 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

191731

Registration District No._____ State File No. 191731

Prim. Registration District No._____ Local Registrar's No._____

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No._____ St. 363-109 033 845
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Hills Ralph Collins

3. Sex Male

If plural births: 4. Twin, triplet, or other_____ 5. Number, in order of birth_____

6. Premature_____ Full term_____

7. Legitimate?_____

8. Date of birth Feb 9 1909 (MONTH, DAY, YEAR)

FATHER

9. Full name Thomas Walter Collins

10. Residence (usual place of abode) (If non-resident, give place and State)_____

11. Color or race Eng. 12. Age at last birthday_____ (years)

13. Birthplace (city or place) (State or country) London, England

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc._____

16. Date (month and year) last engaged in this work_____, 19__

17. Total time (years) spent in this work 2

MOTHER

18. Full maiden name Jane Ellen Hunt

19. Residence (usual place of abode) (If non-resident, give place and state)_____

20. Color or race Am. 21. Age at last birthday_____ (years)

22. Birthplace (city or place) (State or country) West Weber, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc._____

25. Date (month and year) last engaged in this work_____, 19__

26. Total time (years) spent in this work 4

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation_____ months or weeks

29. Cause of stillbirth_____ Before labor_____ During labor_____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report_____ (DATE OF)

_____ Registrar.

(Signed) Mrs Jane Collins ~~M.D.~~

or _____ Mother, ~~Midwife~~

Address 2601 - 19th Str. Everett Wash

Filed June, 1931

_____ Registrar.

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

STATE OF IDAHO 192663
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

192663

Registration District No._____ State File No._____

Prim. Registration District No._____ Local Registrar's No._____

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. 905-10 Ave. So St.
962 208 014 919
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Gracia Anne Robinson

3. Sex: Female
If plural births: 4. Twin, triplet, or other_____ 5. Number, in order of birth_____
6. Premature_____ Full term Yes
7. Legitimate? Yes
8. Date of birth July 8, 1929 (MONTH, DAY, YEAR)

FATHER

9. Full name: Fred K. Robinson
10. Residence (usual place of abode) (If non-resident, give place and State): Nampa, Ida.
11. Color or race: White 12. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or country): Sloan, Iowa
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mortician
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: —
16. Date (month and year) last engaged in this work: —, 19—
17. Total time (years) spent in this work: Full time

MOTHER

18. Full maiden name: Grace Gertrude Rains
19. Residence (usual place of abode) (If non-resident, give place and State): 905-10 Ave. So
20. Color or race: White 21. Age at last birthday: 28 (years)
22. Birthplace (city or place) (State or country): Tabor Iowa
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: At home
25. Date (month and year) last engaged in this work: —, 19—
26. Total time (years) spent in this work: —

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: One (b) Born alive but now dead: None (c) Stillborn: None

28. If stillborn, period of gestation_____ months or weeks
29. Cause of stillbirth: —
Before labor_____
During labor_____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE ~~OR STILLBORN~~) at 4 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report_____ (DATE OF)

_____ Registrar.

(Signed) J. P. Murray, M. D.
or _____, Midwife
Address Nampa Ida.
Filed July, 1931

_____ Registrar.

JAN 13 [redacted]

DELAYED

219-230-001-841

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St. St Luke's Hospital

(If born in hospital or institution give name.)

RECEIVED AUG 1 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 102479

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Virginia Jane Kartzke

3. Sex: Female

If plural births: 4. Twin, triplet, or other: no; 5. Number, in order of birth: _____

6. Premature _____ Full term yes

7. Legitimate? yes

8. Date of birth July 30th, 1929 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: Paul Rudolph Kartzke	18. Full maiden name: Jane Pearl Quackenbush
10. Residence (usual place of abode) (If non-resident, give place and State): Jerome Idaho	19. Residence (usual place of abode) (If non-resident, give place and state): Jerome Idaho
11. Color or race: white; 12. Age at last birthday: 35 (years)	20. Color or race: white; 21. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or country): Berlin Germany	22. Birthplace (city or place) (State or country): Knox, Albany Co. New York
OCCUPATION — 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: General Contractor	OCCUPATION — 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Bookkeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Clothing Store
16. Date (month and year) last engaged in this work: Present time, 19__	25. Date (month and year) last engaged in this work: _____, 19__
17. Total time (years) spent in this work: 16 yrs.	26. Total time (years) spent in this work: 4 yrs.

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead no (c) Stillborn no

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE ~~or Stillborn~~) at 5 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

(Signed) [redacted] Smith, M. D.

or Jane Kartzke "Mother" ~~Midwife~~

Address Boise Idaho.

Filed Aug, 1931

_____ Registrar.

Mrs. William Wagner
613 N. Marguerite Ave.,
Alhambra, California

Miss Weke now Mrs. Pierce "Nurse"
Boise, Idaho.

Paul R. Karkpe
O. R. Petterson
Jerome Ida

469 217-2-213

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 5 E Front St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 15 1931

CERTIFICATE OF BIRTH

193557

Registration District No. 2 State File No.

Prim. Registration District No. 1004 Local Registrar's No. 691

2. FULL NAME OF CHILD Martha Morimoto

3. Sex Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? Yes

8. Date of birth June 11, 1909 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Chas T. Morimoto	18. Full maiden name Matsu Katsuki
10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho	19. Residence (usual place of abode) (If non-resident, give place and state) Boise, Idaho
11. Color or race Japanese	20. Color or race Japanese
12. Age at last birthday 28 (years)	21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) Japan	22. Birthplace (city or place) (State or country) Japan
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19__	25. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

28. If stillborn, period of gestation ____ months or weeks

29. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at 2 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (DATE OF)

(Signed) John Brock, M. D.

or ____, Midwife

Address 315 W 8th St. Boise Idaho

Filed 8-12, 1931 W. H. Rhodes Deputy Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case more than one child is born, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED OCT 8 1931

194372

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

194372

PLACE OF BIRTH

County of Madison

City of Sugar City

No. ..... St.

665 722 033 364

(If born in hospital or institution give name.)

Registration District No. 100 State File No. .....

Prim. Registration District No. 218 Local Registrar's No. 214

FULL NAME OF CHILD Leland Owens

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes	Aug 22 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living 1

Born alive but now dead 2 Stillborn .....

FATHER	MOTHER
FULL NAME Marion N. Owens	FULL MAIDEN NAME Edith Cornish
Residence (Usual place of abode) Sugar City	Residence (Usual place of abode) Sugar City
If nonresident, give place and State	If nonresident, give place and State
Color or race W Age at last Birthday 30 (Years)	Color or race W Age at last Birthday 20 (Years)
Birthplace Woodruff Arizona (City and State or Country)	Birthplace Sandy Utah (City and State or Country)
Occupation Carpenter	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Dr. Sharpe

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed 10/5 1931 J. Rymond

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

19-5184

PLACE OF BIRTH

County of RECEIVED OCT 24 1931

City of Boise

No. 301 Idaho St.

169-215-001-234

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 195184

Registration District No. 2 State File No.

Prim. Registration District No. 1004 Local Registrar's No.

FULL NAME OF CHILD Frances Edith Jordan

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
F				YES	8-15-09 (Month) (Day) (Year) 19

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME Jos. F. Jordan	FULL MAIDEN NAME Annie C. Stuart
Residence (Usual place of abode) 301 Idaho	Residence (Usual place of abode) SAME
If non-resident, give place and State	If non-resident, give place and State
Color or race W Age at last Birthday 42 (Years)	Color or race W Age at last Birthday 39 (Years)
Birthplace MAINE (City and State or County)	Birthplace Maine (City and State or County)
Occupation LABORER	Occupation HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at M. on the date above stated.

(Signature) Dr. Gregory

(Physician or midwife)

Address Boise, Idaho

Filed Oct 1931 W.H. Rhodes present Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

693-204-008-985

198735

1. PLACE OF BIRTH

County of Boise

City of Idaho City, Idaho

No. — St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 198735

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Elizabeth Fitzhugh

3. Sex Female

If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature — Full term —

7. Legitimate? Yes

8. Date of birth December 4, 1929 (MONTH, DAY, YEAR)

FATHER

9. Full name Edward Fuller Fitzhugh

10. Residence (usual place of abode) (If non-resident, give place and State) Boise County, Idaho

11. Color or race White 12. Age at last birthday 41 (years)

13. Birthplace (city or place) Livingston County (State or country) State - New York

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining

16. Date (month and year) last engaged in this work Continuous, 19__

17. Total time (years) spent in this work 15

MOTHER

18. Full maiden name Mabel West Mayer

19. Residence (usual place of abode) (If non-resident, give place and State) Boise County, Idaho

20. Color or race White 21. Age at last birthday 30 (years)

22. Birthplace (city or place) Placerville, Boise County (State or country) Idaho.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —

25. Date (month and year) last engaged in this work Continuous, 19__

26. Total time (years) spent in this work —

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

28. If stillborn, period of gestation — months or weeks

29. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Live (BORN ALIVE OR STILLBORN) at 5:30 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mabel M. Fitzhugh, ~~M.D.~~

or _____, Midwife

Address 1102 North 19th St. Boise, Idaho.

Filed Jan, 1932

Registrar.

Give name added from a supplemental report _____ (DATE OF)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED FEB 3 1909

198739

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

198739

PLACE OF BIRTH

County of Ada

City of Boise

No. 212-239-001-995 St.

St. Alphonsus

(If born in hospital or institution give name.)

Registration District No. 2 State File No.

Prim. Registration District No. 1004 Local Registrar's No. 834

FULL NAME OF CHILD Jean Baker

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Y	11-29 1909

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 5 (a) Born alive and now living 5

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME G. L. Baker	FULL MAIDEN NAME Edna Irving
Residence (Usual place of abode) 423 Main St.	Residence (Usual place of abode) same
If non-resident, give place and State	If non-resident, give place and State
Color or race W Age at last Birthday 29 (Years)	Color or race W Age at last Birthday 21 (Years)
Birthplace Colorado (City and State or County)	Birthplace Wisconsin (City and State or County)
Occupation Druggist	Occupation H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at M. on the date above stated.

(Signature) Dr. Davies

(Physician or midwife)

Address Boise, Ida

Filed Jan 1 1909 W. H. Rhodes Present Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
455-108-006-195

County of Bingham

City of Iona

No. ..... St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 198890

FULL NAME OF CHILD Thomas Dean Ainsworth Denning
(Certificate of no value without full name of child)

Sex of Child: Male | Twin / Triplet / or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of birth Oct. 8 (Month) (Day) 1909 (Year)

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Walter Denning	FULL MAIDEN NAME	Eva Caroline Ainsworth
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	Dark	COLOR	Light
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Malad, Idaho.	BIRTHPLACE	Pleasant Grove, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Dr. T. M. Brodgis

(Physician or midwife)

Address Idaho Falls, Idaho.

Filed Jan 1926

..... Registrar.

753-231-040-599

RECEIVED FEB 20 1932

1994 #7

Feb 18

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

139457

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St. .....

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Sylvia Gaudrum Norheim Peterson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child G | Twin Triplet or other? ( ) and Number in order of birth ( ) (To be answered only in event of plural births) | Legitimate? Yes | Date of birth July (Month) 31 (Day) 1909 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME Edward Peterson	FULL MAIDEN NAME Frida Emilie Erickson
Residence (Usual place of abode) Mullan Ida	Residence (Usual place of abode) Mullan, Ida
If non-resident, give place and State —	If non-resident, give place and State
Color or race W Age at last Birthday 36 (Years)	Color or race W Age at last Birthday 20 (Years)
Birthplace Stavanger Norway (City and State or County)	Birthplace Sweden (City and State or County)
Occupation Clerk	Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 10 30 P. M. on the date above stated.

(Signature) F. W. Rolfs MD

Edward Peterson (Father)

~~(Physician or midwife)~~

Address Mullan Idaho

Filed Feb 1932

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1942

DELAYED

353-120-067-693

200160

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____ St. ____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 200160

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Robert Murray Telfer

3. Sex Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? yes

8. Date of birth Dec. 20th, 1909 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: Thomas Telfer	18. Full maiden name: Annie M. Ebilson
10. Residence (usual place of abode) (If non-resident, give place and State): Hailey	19. Residence (usual place of abode) (If non-resident, give place and State): Hailey
11. Color or race: white 12. Age at last birthday: 42 (years)	20. Color or race: white 21. Age at last birthday: 39 (years)
13. Birthplace (city or place) (State or country): Scotland	22. Birthplace (city or place) (State or country): Scotland
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: blacksmith	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: Dec, 1909	25. Date (month and year) last engaged in this work: Dec, 1909
17. Total time (years) spent in this work: 25	26. Total time (years) spent in this work: 23

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 3 (b) Born alive but now dead ____ (c) Stillborn ____

28. If stillborn, period of gestation ____ months or weeks

29. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (BORN ALIVE OR STILLBORN) at 9 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Annie M. Telfer, ~~M. D.~~

or Mother, ~~Midwife~~

Address ____

Give name added from a supplemental report ____ (DATE OF)

Filed March, 1932

Registrar. ____

Registrar. ____

843-167-042-331

200163

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

.....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **200163**

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Clark Fridiliss Hull

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male				yes	May 17 1929 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth One (a) Born alive and now living One

Born alive but now dead none Stillborn none

FATHER	MOTHER
FULL NAME Frank F. Hull	FULL MAIDEN NAME Ethel P. Clark
Residence (Usual place of abode) Twin Falls Idaho	Residence (Usual place of abode) Twin Falls Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race white Age at last Birthday 37 (Years)	Color or race White Age at last Birthday 22 (Years)
Birthplace Ill. (City and State or County)	Birthplace Indiana (City and State or County)
Occupation Rancher	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 9:30 P. M. on the date above stated.

(Signature) Ethel C. Hull

Mother

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Box 733 Boise Idaho

Filed 7/23 1932 Retta F. Martin

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

References:

Mrs. W. S. Mallory
Twin Falls, Idaho
(Nurse)

Mrs. Lela Senften
Castleford, Idaho
(Maid)

APR 19 1943

819-131-044-689

200170

PLACE OF BIRTH

County of Washington

City of Weiser

No. On Farm St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 200170

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Harold E. Harper

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	March 31 1909 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Joseph Albert Harper	FULL MAIDEN NAME Florence E. White
Residence (Usual place of abode) With Dr. D. A. White	Residence (Usual place of abode) With Dr. D. A. White
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 29 (Years)	Color or race White Age at last Birthday 33 (Years)
Birthplace New Concord, O., Muskingum (City and State or County)	Birthplace Jackson, O., Jackson (City and State or County)
Occupation Minister	Occupation Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 11 P. M. on the date above stated.

(Signature) Mrs Nettie M. Foster

Midwife
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Weiser, Ida.

Filed Mar 25 1932

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

517-114-022-319

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

200682

Registration District No. 99 State File No. .....

Prim. Registration District No. 2177 Local Registrar's No. .....

FULL NAME OF CHILD John Edwin Eagle

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Aug 14 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2nd (a) Born alive and now living 2

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Samuel Pitt Eagle	FULL MAIDEN NAME Ida Christine Carlson
Residence (Usual place of abode) Willows Cow Mont	Residence (Usual place of abode) Willows Fons Mont
If nonresident, give place and State	If nonresident, give place and State
Color or race white Age at last Birthday 28 (Years)	Color or race white Age at last Birthday 20 (Years)
Birthplace Penn. (City and State or Country)	Birthplace Minn. (City and State or Country)
Occupation Merchant	Occupation Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } **at** ..... **M. on the date above stated.**

(Signature) W R Hunt M D.

(Physician or midwife)

Address St Anthony Idaho

Filed March 9 1932 Sarah Munk
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MAR 1 6 1970

DELAYED

PLACE OF BIRTH

County of Ada

City of Boise

No. 350 [illegible] 1909

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 201102

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Chas LeMoyne Jr.

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? yes

8. Date of birth June 21-1909 93/1 (MONTH, DAY, YEAR)

FATHER

9. Full name: Chas LeMoyne

10. Residence (usual place of abode) (If non-resident, give place and State): Boise

11. Color or race: W

12. Age at last birthday: 35 (years)

13. Birthplace (city or place) (State or country): Mass

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheepman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: _____

16. Date (month and year) last engaged in this work _____, 19__

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name: Clara Francis Marcus

19. Residence (usual place of abode) (If non-resident, give place and state): Boise

20. Color or race: W

21. Age at last birthday: 27 (years)

22. Birthplace (city or place) (State or country): Ida

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: _____

25. Date (month and year) last engaged in this work _____, 19__

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at 2 P. m. on the date above stated.

(Signed) John Boise, M. D.

or _____, Midwife

Address Boise Ida

Filed Jan, 1936

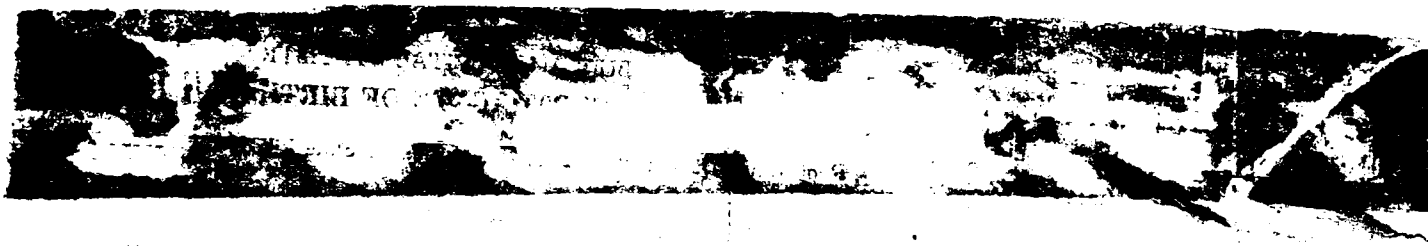
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth



395-222028-271

RECEIVED MAY 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE 201116
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 201116

Registration District No._____ State File No._____

Prim. Registration District No._____ Local Registrar's No._____

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d' Alene
No. 128 2nd St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Elizabeth Adaline Tierney

3. Sex Female

If plural births: 4. Twin, triplet, or other_____ 5. Number, in order of birth_____

6. Premature____ Full term X

7. Legitimate? X

8. Date of birth Apr 22, 1909 (MONTH, DAY, YEAR)

FATHER

9. Full name Harvey Patrick Tierney

10. Residence (usual place of abode) (If non-resident, give place and State) 128-2nd St

11. Color or race White 12. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or country) Lansing Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bath mill work

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saw mill

16. Date (month and year) last engaged in this work Apr 22 1909, 1909

17. Total time (years) spent in this work 5 yr.

MOTHER

18. Full maiden name Lena Mae Spaces

19. Residence (usual place of abode) (If non-resident, give place and State) 128-2nd St

20. Color or race white 21. Age at last birthday 18 (years)

22. Birthplace (city or place) (State or country) Wellsville Kans

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work _____, 19__

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) this is the first child. (a) Born alive and now living____ (b) Born alive but now dead____ (c) Stillborn____

28. If stillborn, period of gestation_____ months or weeks

29. Cause of stillbirth_____ Before labor_____ During labor_____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at 1 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or Mrs Morgan, Midwife

Address _____

Give name added from a supplemental report_____ (DATE OF)

_____ Registrar.

Filed May, 1932 _____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

24-9-213-031-381

PLACE OF BIRTH

County of Lewis

City of Vollmer

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 201627

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Anna Louise Burke

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female					Jan. 13 1929

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Edward Lawrence Burke	FULL MAIDEN NAME Mae M. Thayer
Residence (Usual place of abode) Vollmer	Residence (Usual place of abode) Vollmer
If non-resident, give place and State	If non-resident, give place and State .....
Color or race white Age at last Birthday 37 (Years)	Color or race white Age at last Birthday 26 (Years)
Birthplace Mankato, Minn. (City and State or County)	Birthplace Dennebrog Nebr. (City and State or County)
Occupation	Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 2 a M. on the date above stated.

(Signature) Mae M. Burke
Mother
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed April 1932 .....
Registrar.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

202580

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No._____ State File No. 202580

Prim. Registration District No._____ Local Registrar's No._____

1. PLACE OF BIRTH

County of Kootenai

City of Spirit Lake

No. 462 109 028-249 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Charles Raymond Dobson.

3. Sex Male

If plural births: 4. Twin, triplet, or other_____ 5. Number, in order of birth_____

6. Premature_____ Full term X

7. Legitimate? Yes

8. Date of birth Aug. 9, 1909 193__ (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: Fred Dobson	18. Full maiden name: Mary A. Smith
10. Residence (usual place of abode) (If non-resident, give place and State): Spirit Lake	19. Residence (usual place of abode) (If non-resident, give place and State): Spirit Lake
11. Color or race: White 12. Age at last birthday: 28 (years)	20. Color or race: White 21. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or country): Wakefield, Yorkshire England	22. Birthplace (city or place) (State or country): Wakefield, Yorkshir England
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Millwright	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: Aug. 9, 1909 19__ 17. Total time (years) spent in this work: 4	25. Date (month and year) last engaged in this work: Aug. 9, 1909 19__ 26. Total time (years) spent in this work: 3

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: none (c) Stillborn: none

28. If stillborn, period of gestation_____ months or weeks

29. Cause of stillbirth_____ Before labor_____ During labor_____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at 7 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report_____ (DATE OF)

_____ Registrar.

Filed Jan, 1936 _____ Registrar.

Mary A. Dobson (Mother)

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

343-127014-633

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

202583

CERTIFICATE OF BIRTH

202583

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Charles Emmett Cullison
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	March 27 1909

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth First (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Homer Edgar Cullison	FULL MAIDEN NAME Mary Caroline Ott
Residence (Usual place of abode) Emmett	Residence (Usual place of abode) Emmett
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 38 (Years)	Color or race White Age at last Birthday 38 (Years)
Birthplace Indiana Green Co. (City and State or County)	Birthplace Kansas, Greenwood Co. (City and State or County)
Occupation Clergyman	Occupation Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { **Born alive** / **Stillborn** } **at** 6 **P. M. on the date above stated.**

(Signature) Mary Ott Cullison
Mother
~~(Physician or midwife)~~

Address Meridian, Idaho

Filed June 28 1932 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JAN 31 1974

DELAYED

813174 043 466

202593

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Valley

City of Roseberry

No. ..... St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 202593

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Merle E Hall

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month)	(Day)	(Year)
Boy					Oct	24	1929

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Fred Hall	FULL MAIDEN NAME Emma A Dowell
Residence (Usual place of abode)	Residence (Usual place of abode) .....
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday ..... (Years)	Color or race White Age at last Birthday 42 (Years)
Birthplace Boston Mass (City and State or County)	Birthplace Thayer Kansas (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } **at** ..... **M. on the date above stated.**

(Signature) Emma A Poole

(Physician or midwife)

Address .....

Filed JULY 1932

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

417-218 001-663

PLACE OF BIRTH

RECEIVED JULY 1932

County of Ada

City of Boise

No. 1221 Vermont St.

South Boise

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 202577

CERTIFICATE OF BIRTH 202599

Registration District No. 2 State File No.

Prim. Registration District No. 1004 Local Registrar's No. 588

FULL NAME OF CHILD Luther Alois Magill

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			y	Feb. 18 1909

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 4 (a) Born alive and now living 3

Born alive but now dead 1 Stillborn

FATHER	MOTHER
FULL NAME L. G. Magill	FULL MAIDEN NAME Lois Ada Folsom
Residence (Usual place of abode) Boise	Residence (Usual place of abode) same
If non-resident, give place and State	If non-resident, give place and State
Color or race W Age at last Birthday 38 (Years)	Color or race W Age at last Birthday 31 (Years)
Birthplace Pa (City and State or County)	Birthplace Kansas (City and State or County)
Occupation Electrician	Occupation H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at M. on the date above stated.

(Signature) John Boeck M.D.

(Physician or midwife)

Address Boise, Ida

Filed Feb. 1909 W. H. Rhodes Registrar 1933

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1962

z NO FILE DATE

296-220-045-63

205244

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho U.S.A.

City of Weiser

No. _____ St. _____

Private Residence

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

205244

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Marjorie Austral Brown

3. Sex: Female

If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature — Full term yes

7. Legitimate? yes

8. Date of birth March 20th 1909 (MONTH, DAY, YEAR)

FATHER

9. Full name: Arthur Aladine Brown

10. Residence (usual place of abode) (If non-resident, give place and State): deceased March 1914

11. Color or race: White 12. Age at last birthday — (years)

13. Birthplace (city or place) (State or country): Mansfield Ohio U.S.A.

OCCUPATION

14. Trade, profession, or particular kind of work done; as spinner, sawyer, bookkeeper, etc.: At time of birth

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Editor of "Weiser Signal"

16. Date (month and year) last engaged in this work: Left Weiser about 1911

17. Total time (years) spent in this work: 3 yrs

MOTHER

18. Full maiden name: Christina Margaret Watson

19. Residence (usual place of abode) (If non-resident, give place and State): Fairbairn Rd Toorak Vic. Aust

20. Color or race: White 21. Age at last birthday 59 (years)

22. Birthplace (city or place) (State or country): Melbourne Victoria Australia

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Home duties later Clerk

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Clerk

25. Date (month and year) last engaged in this work: clerk 1916 to 1932, 19—

26. Total time (years) spent in this work: 10

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

28. If stillborn, period of gestation — months or weeks

29. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dr Numbers (BORN ALIVE OR STILLBORN) at 6.30 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

(Signed) _____, M. D.

or Christina M. Brown (Mother) ~~Midwife~~

Address 30 Fairbairn Rd Toorak Victoria Australia

Filed _____, 193—

_____ Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

205250

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Myrta Kathrine Laschinger

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.				Yes	Dec. 18. 1909

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth First (a) Born alive and now living yes.

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Charles Thomas Laschinger	FULL MAIDEN NAME Clara Hossack
Residence (Usual place of abode) Bonners Ferry	Residence (Usual place of abode) Bonners Ferry, Ida
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 34 (Years)	Color or race White Age at last Birthday 24 (Years)
Birthplace New Hamburg Ont. Canada (City and State or County)	Birthplace Winnipeg Man. Canada (City and State or County)
Occupation Clerk.	Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { **Born alive** / **Stillborn** } **at** ..... **M. on the date above stated.**

Dr. E. E. Fry. Physician

(Signature) E. I. Loschinger

220 (Physician or midwife)

Address 220 No. Delaware St

Filed Aug. 1932 Wenatchee Wn

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

613-117-006-269

205912

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

205912

PLACE OF BIRTH

County of Bingham

City of near Blackfoot, Idaho.

No. (Farm) St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD HOWARD DEE FACKRELL

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Feby. 17 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? No

Number of child of this mother, including present birth 11 (a) Born alive and now living 6

Born alive but now dead 4 Stillborn 1

FATHER		MOTHER	
FULL NAME	Fernando Sumner Fackrell	FULL MAIDEN NAME	Eliza Sorensen
Residence (Usual place of abode)	Rte. 2, Blackfoot, Id.	Residence (Usual place of abode)	Rt. 2, Blackfoot, Id.
If non-resident, give place and State	---	If non-resident, give place and State	---
Color or race	White	Color or race	White
Age at last Birthday (Years)	44	Age at last Birthday (Years)	38
Birthplace (City and State or County)	Orderville, Utah	Birthplace (City and State or County)	Denmark
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) Fernando Sumner Fackrell

Fernando Sumner Fackrell Father.

~~[illegible]~~

Address Box 1719, Boise, Idaho.

Filed Jan 1923

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce 1-27-33

City of Kamiah

No. St.

118 120035-469

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

208262

CERTIFICATE OF BIRTH

Registration District No. State File No. 208262

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Albert Alexander Jaques

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	September - 20th, 1909

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth First (a) Born alive and now living Yes

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME Daniel Frank Jaques	FULL MAIDEN NAME Lettie Agnes Morris
Residence (Usual place of abode) Kamiah Idaho	Residence (Usual place of abode) Kamiah - Idaho
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last birthday 22 (Years)	Color or race White Age at last birthday 21 (Years)
Birthplace Des Moines, Polk County, Iowa (City and State or County)	Birthplace Berkeley, Alameda County, Calif. (City and State or County)
Occupation Employee of Rawson Works Lbr. Co.	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 8 A M. on the date above stated.

Daniel Frank Jaques Father

(Signature) [redacted]

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1744 Virginia St
Berkeley, Calif.

Address [redacted]

Filed 19

Registrar.

Mr Ross Freeman
Kamiah, Idaho

Mr M. R. Rawson
317 East 27th
Spokane, Wash.

Mrs M. R. Rawson
317 East 27th
Spokane, Wash.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED FEB 1 1933

PLACE OF BIRTH

County of Gem

City of Emmett

No. 664 716 023 291 St.

Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 209087

Registration District No. ..... State File No. 209087

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Alfred Ray Womack

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Feb 16, 1933

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth fourth (a) Born alive and now living two

Born alive but now dead two Stillborn .....

(Signed by son) FATHER		MOTHER	
FULL NAME	Walter Elmer Womack	FULL MAIDEN NAME	Lea B Bradford
Residence (Usual place of abode)	Emmett Idaho	Residence (Usual place of abode)	Emmett Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	white
Age at last birthday (Years)	29	Age at last birthday (Years)	23
Birthplace (City and State or County)	Emmett Idaho	Birthplace (City and State or County)	Rockville Montana
Occupation	Carpenter.	Occupation	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 12.30 A.M. on the date above stated.

(Signature) Mrs Chas C Allen mother

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address R 4. Box 135. Meridian Ida

Filed Jan 30, 1933

Registrar.

Dr Green. Emmett Idaho.
Mrs May Jones, Emmett Idaho
Mrs Jenny Stanley, Emmett Idaho

DELAYED

386709 035-79

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

209088

CERTIFICATE OF BIRTH

RECEIVED DEC 19 1932

Registration District No. 32 State File No. 209088

Prim. Registration District No. Local Registrar's No.

1. PLACE OF BIRTH

County of Nez Perce

City of ~~Lewiston~~

No. Lenore St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Floyd Cecil Thomson

3. Sex Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 2

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth July 9, 1929 (MONTH, DAY, YEAR)

FATHER

9. Full name Carl Thomson

10. Residence (usual place of abode) (If non-resident, give place and State) Lenore

11. Color or race W 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or country) Denmark

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work December, 1928

17. Total time (years) spent in this work 8

MOTHER

18. Full maiden name Myrtle Dora Gainer

19. Residence (usual place of abode) (If non-resident, give place and State) Lenore

20. Color or race W 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or country) Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work ____, 19__

26. Total time (years) spent in this work ____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn 1

28. If stillborn, period of gestation 9 months ~~or weeks~~

29. Cause of stillbirth Unknown Before labor ____ During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was live (BORN ALIVE OR STILLBORN) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. M. Lyle, M. D.

or ____ ~~Midwife~~

Address Peck, Idaho

Give name added from a supplemental report ____ (DATE OF)

Filed Dec. 3, 1932 J. M. Lyle, Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED

PLACE OF BIRTH

County of Canyon

City of Roswell

No. ..... St.

963 101-014 093

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

209373

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Chelsea Joseph Rockwood

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	Jan. 1, 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth Fifth (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Adoniram Judson Rockwood	FULL MAIDEN NAME	Mary Dilley
Residence (Usual place of abode)	Roswell Idaho	Residence (Usual place of abode)	Roswell Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	white
Age at last birthday (Years)	41	Age at last birthday (Years)	41
Birthplace (City and State or County)	Bennington Vt.	Birthplace (City and State or County)	Garden City Minnesota
Occupation	farmer	Occupation	house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 4 o'clock P.M. on the date above stated.

(Signature) Mary D Rockwood

mother

(~~Physician or~~ midwife)

Address Wilder Idaho

Filed 2-7-33 19 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED FEB

PLACE OF BIRTH

County of Custer

City of Mackay

No. ..... St.

493-112-019-766

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

209427

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Dudley Prentice Dillingham

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of birth Feb. 12, 1909 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Sol. Ag NO3

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Leslie Everett Dillingham	FULL MAIDEN NAME Cora Pearl Goodman
Residence (Usual place of abode) Mackay,	Residence (Usual place of abode) Mackay,
If non-resident, give place and State Idaho	If non-resident, give place and State Idaho
Color or race W Age at last birthday 31 (Years)	Color or race W Age at last birthday 24 (Years)
Birthplace Cherrva Illinois (City and State or County)	Birthplace Saybrook Illinois (City and State or County)
Occupation Newspaper & Printing	Occupation House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 9.25 a. M. on the date above stated.

(Signature) Francis N Poole, M.D.

(Physician ~~or midwife~~)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Mackay, Idaho

Filed 2/13 1933

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED APR 2 1933

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 593 103 042 799 St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

210406

Registration District No. ..... State File No. 210406

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Frederick James Vickery
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	August 3, 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth First (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Benjamin B. Vickery	FULL MAIDEN NAME Florence A. Prior
Residence (Usual place of abode) Twin Falls	Residence (Usual place of abode) Twin Falls
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last birthday 30 (Years)	Color or race White Age at last birthday 25 (Years)
Birthplace Yeovil England (City and State or County)	Birthplace Montreal Canada (City and State or County)
Occupation Civil Engineer	Occupation Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 1:00 A.M. on the date above stated.

(Signature) Benjamin B. Vickery

(~~Physician or midwife~~) Father

Address 4374 Woodland ave. Western Springs Ill.

Filed Apr. 1933 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mrs Frederick J. Prior,
104 So. Washington St.
Hinsdale, Ill.

Rev. Alvard Chamberlain,
Rector, Ascension Church.
Twin Falls, Idaho.

Mrs Frederick P. Vieth
177 W. Hickory St.
Hinsdale, Ill.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of RECEIVED MAR 29 1933

City of Van Wyck, Ida.

No. St.

336 222 668 719

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

210642

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Naomi Eileen Thornton
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of birth Feb. (Month) 27 (Day), 1909 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth (a) Born alive and now living

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME Lewis Edmond Thornton	FULL MAIDEN NAME Clara Belle Parkinson
Residence (Usual place of abode) Van Wyck, Ida	Residence (Usual place of abode) Van Wyck, Ida.
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last birthday 22 (Years)	Color or race White Age at last birthday 17 (Years)
Birthplace Mexico Mo. (City and State or County)	Birthplace Steamboat Springs, Colo (City and State or County)
Occupation Laborer	Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 8 P. M. on the date above stated.

(Signature) Mrs Lewis Thornton
mother
(~~Physician or midwife~~)

Address 1224 N — 18, Boise, Ida.

Filed 3/19 1933 Paul Pilling
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED MAY 27 1933

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1416 Idaho St.

319-102-035-168

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 212567

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ralph E. Carlson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
male				yes	January 2, 1909 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth Two (a) Born alive and now living yes

Born alive but now dead no Stillborn no

FATHER		MOTHER	
FULL NAME	John E. Carlson	FULL MAIDEN NAME	Anna L. Johnson
Residence (Usual place of abode)	1416 Idaho Street	Residence (Usual place of abode)	1416 Idaho Street
If non-resident, give place and State	Lewiston, Idaho	If non-resident, give place and State	Lewiston, Idaho
Color or race	white	Color or race	white
Age at last birthday (Years)	42	Age at last birthday (Years)	28
Birthplace (City and State or County)	Smoland, Sweden	Birthplace (City and State or County)	Kopparbergs Lan, Sweden
Occupation	Tailor	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) C W Shaff MD

(Physician or midwife)

Address Lewiston, Idaho

Filed May 1933

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

(6Sd-2/12-20-85-162)

PLACE OF BIRTH

County of Boise

City of

No. St.

(If born in hospital or institution give name.)

RECEIVED JUL 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

212704

CERTIFICATE OF BIRTH

Registration District No. State File No. 212704

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Marguerite Lennice West.
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				Yes	Jan 12, 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth two (a) Born alive and now living yes 2

Born alive but now dead Stillborn

FATHER		MOTHER	
FULL NAME	Charles West	FULL MAIDEN NAME	Pearl Garnet Josey
Residence (Usual place of abode)	Lewiston	Residence (Usual place of abode)	Lewiston
If non-resident, give place and State	Idaho	If non-resident, give place and State	Idaho
Color or race	White	Color or race	White
Age at last birthday (Years)	23	Age at last birthday (Years)	27
Birthplace (City and State or County)	Roberts Co. Idaho	Birthplace (City and State or County)	Dallas Texas
Occupation	Farmer	Occupation	housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at M. on the date above stated.

(Signature) Charles West, Father
C. S. Edwards
(Physician or midwife)

Address Idaho City Ida.

Filed July 5 1933

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mrs John Jackson Lewiston Ida.

Mr C. S. Edwards. Idaho City Ida

Mrs Tom Graney Lewiston Ida

JUN 18 1942

DELAYED

613-126-006-235

PLACE OF BIRTH

County of Ada

City of Boise

No. R. #2 St.

(If born in hospital or institution give name.)

STATE OF IDAHO 212708

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 212708

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Theodore Albert Facey

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	April 6, 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth eighth (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	George Facey	FULL MAIDEN NAME	Emma Blevins
Residence (Usual place of abode)	Boise Idaho	Residence (Usual place of abode)	Boise Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday (Years)	52	Age at last birthday (Years)	42
Birthplace (City and State or County)	England	Birthplace (City and State or County)	Hamilton Ont Canada
Occupation	Farmer	Occupation	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) Elva J. Curtis

(Aunt)

(Physician or midwife)

Address Boise Rt. 1, Idaho

Filed Feb. 1933

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO) ss
COUNTY OF ADA)

I, Eliza J. Curtis, being first duly sworn, depose and say:. that I was present at the birth of Theodore Albert Facey; that the said Theodore Albert Facey was born at Boise in Ada County, Idaho, on the sixth day of April, nineteen hundred and nine; that the parents of said Theodore Albert Facey were George Facey and Emma Blevins Facey, the latter of whom was my sister; that the parents of said child were at the time of his birth both residents of Ada County, Idaho, and that they left this state when the said child was about three years of age, and moved to the Province of Alberta, Canada.

Eliza Jane Curtis

Subscribed and sworn to before me this twelfth day of July, 1933.

Florence E Watson
Notary Public for the State of Idaho,
Residing at Boise, Idaho.
My commission expires May 22, 1937

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JUN 28 1933

County of Canyon

City of Caldwell

No. St.

155-102-014-469

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

213110

CERTIFICATE OF BIRTH

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Michael Reed Jenkins
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				Yes	January 2, 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

Number of child of this mother, including present birth Three (a) Born alive and now living Three

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME Michael Reed Jenkins	FULL MAIDEN NAME Clara Morrow
Residence (Usual place of abode) Grand View, Idaho	Residence (Usual place of abode) Grand View, Idaho
If non-resident, give place and State	If non-resident, give place and State
Color or race white Age at last birthday 29 (Years)	Color or race white Age at last birthday 26 (Years)
Birthplace Middleton, Idaho (City and State or County)	Birthplace Kirksville, Mo (City and State or County)
Occupation Stockman	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 7 A. M. on the date above stated.

(Signature) Clara M. Jenkins
Mother
(Physician or Midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Grand View, Idaho.

Filed June 1933

Registrar.

231 727 001819

214339

PLACE OF BIRTH

County of Ada

City of Boise

No. 1601-N 12 St.

(If born in hospital or institution give name.)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **214339**

Registration District No. 2 State File No.

Prim. Registration District No. 1004 Local Registrar's No. 626

FULL NAME OF CHILD James Edward Blain
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
M				Yes	Mar 27 1909

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME C F Blain	FULL MAIDEN NAME Rachel Harnett
Residence (Usual place of abode) Boise	Residence (Usual place of abode) Boise
If nonresident, give place and State	If nonresident, give place and State
Color or race W Age at last Birthday 52 (Years)	Color or race W Age at last Birthday 42 (Years)
Birthplace Iowa (City and State or Country)	Birthplace Iowa (City and State or Country)
Occupation Mine Supt	Occupation Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Dr. Boech

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Boise

Filed SEPT 1933 P. Firmen
Registrar.

DELAYED

RECEIVED JUL 933

666-203
028
313

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 215864

1. PLACE OF BIRTH
County of Kootenay
City of Coeur d'Alene
No. Lake Shore Drive
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alice Cecelia Woodward

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth June 3 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Thomas G. Woodward	18. Full maiden name Alice N. Taylor
10. Residence (usual place of abode) Wallace Idaho (If non-resident, give place and State)	19. Residence (usual place of abode) Wallace Ida (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 38 (years)	20. Color or race White 21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or country) London England	22. Birthplace (city or place) (State or country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as mill, sawmill, bank, etc. Electrician Northwest Light + water Co	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 2 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr Sheppard, M. D.
or ....., Midwife
Address Coeur d'Alene, Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Dec, 1933 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JAN 24 1963

JUN 28 1965

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED OCT 1933

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

691 120 006 355

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

216056

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Vernon Otto Frandsen

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Boy					July 20 1909 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth Second Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Victor Erastus Frandsen	FULL MAIDEN NAME Sarah Lavella Hughes
Residence (Usual place of abode) Basalt	Residence (Usual place of abode) Basalt
If nonresident, give place and State	If nonresident, give place and State .....
Color or race White Age at last Birthday 26 (Years)	Color or race White Age at last Birthday 24 (Years)
Birthplace Mt Pleasant Utah (City and State or Country)	Birthplace Nevan Idaho (City and State or Country)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive X / Stillborn } at ..... M. on the date above stated.

(Signature) Alice K. Sessions

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Harlem Idaho

Filed Oct 1933

Registrar.

RECEIVED NOV 13 1933

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

216325

1. PLACE OF BIRTH Madison Co.
County of Rexburg
City of
No. St.
299-229-033-613
(If born in hospital or institution give name.)

Registration District No. 100 State File No.
Prim. Registration District No. 2178 Local Registrar's No. 121

2. FULL NAME OF CHILD Dorothy Grace Brian

3. Sex 2 | If plural births: 4. Twin, triplet, or other | 5. Number, in order of birth | 6. Premature | Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth June 29, 1929 (MONTH, DAY, YEAR)

FATHER

9. Full name Albert Henry Brian
10. Residence (usual place of abode) (If non-resident, give place and State) Rexburg
11. Color or race W | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or country) S. L. City Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Lillie May Watts
19. Residence (usual place of abode) (If non-resident, give place and State) Rexburg
20. Color or race W | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or country) Rexburg Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work, 19
26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 3 (c) Stillborn 1

28. If stillborn, period of gestation months or weeks | 29. Cause of stillbirth | Before labor | During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (BORN ALIVE OR STILLBORN) at 2 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) George E. Hyde, M. D.
or , Midwife
Address Rexburg
Filed Nov. 7, 1933 J. P. Young Registrar.

Give name added from a supplemental report
(DATE OF)
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lincoln (before division)

City of Hagerman

No. R.F.D. St.

962-719-0326-659

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 217948

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Frederick Feger Roberts

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Son				Yes	July 19th, 1909 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth first (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Samuel Roberts, Father	FULL MAIDEN NAME	Ethelwyn Feger, Mother
Residence (Usual place of abode)	Hagerman, Idaho R.F.D.	Residence (Usual place of abode)	Hagerman, Idaho R.F.D.
~~If non-resident,~~ give place and ~~state~~ address	33 Parma, Idaho	If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday (Years)	31	Age at last birthday (Years)	29
Birthplace (City and State or County)	Greeley - Colorado	Birthplace (City and State or County)	Greeley - Colorado
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) [illegible] T. Roberts

..... (Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed Jan. 8 1934 ..... Registrar.

over

People who knew of birth -

Mrs. J. H. Vogan - 280 Fairfax Terrace. Portland, Oregon -
Dr. Florence Fezer. 811-12th St. Greeley - Colo -
Mrs. Alice Bryant. 1102-11th St. Greeley - Colo -

PLACE OF BIRTH

366-18-0472-551

County of Fremont

City of St. Anthony

No. 411 Bridge St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2177 File No.

Hospital No Primary Registration District No. 99 Registered No. 342

FULL NAME OF CHILD Jefferson Reed Coffin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Male	1 (To be answered only in event of plural births)		yes	Nov. 18 1909 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

FATHER	MOTHER
FULL NAME: Jefferson C. Coffin	FULL MAIDEN NAME: Tillie E. ~~Coffin~~ Evans
RESIDENCE: St. Anthony, Idaho.	RESIDENCE: St. Anthony, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Downey, Idaho.	BIRTHPLACE: Salt Lake, Utah.
OCCUPATION: Fire Insurance Agent	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. B. West
J. C. Coffin Father
(Physician or midwife)

Address St. Anthony, Idaho.

Filed Jan 15 1924 Sarah Munk
Registrar.

Give names added from a supplemental report.

, 192

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made and the number of each, in order of birth stated.

Mrs Andrasen St Anthony Idaho
Margret Frazier St Anthony
Mrs Jerginson St Anthony

DELAYED

AUG 8

SAN ANTONIO TEXAS

356-167-008-534

RECEIVED FEB 5 1934

218165

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 218165

PLACE OF BIRTH

County of Ada

City of Boise or Bend.

No. ..... St. .....

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Everline Carol Lewis

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	July 7, 1933

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1st (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Glen Elwood Lewis	FULL MAIDEN NAME	Flossy Julia Elder
Residence (Usual place of abode)	Boise Ada Idaho	Residence (Usual place of abode)	Boise Ada Idaho
If non-resident, give place and State	Muscoda Wis	If non-resident, give place and State	Muscoda Wis
Color or race	White	Color or race	White
Age at last birthday (Years)	21	Age at last birthday (Years)	17
Birthplace (City and State or County)	Muscoda Richland Co Wis	Birthplace (City and State or County)	Muscoda Richland Co Wis
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at Boise Ada M. on the date above stated.

(Signature) Mrs. Flossie Lehrke Mother

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Boise Ada Idaho

Filed 2-5 1934

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Mrs. Minnie Lewis, Aurelia Iowa.

Miss Ella C. Lewis ~~Hemet~~, Acacia Hemet Cal.

Mrs. L. H. Elder Muscoda Wis.

JUN 5 1945

Mrs. Florence Schiff Mother

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise, Idaho

No. Grove St.

769 225001 212

(If born in hospital or institution give name.)

STATE OF IDAHO 219809
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 219809

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Angelus Goicoechea
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Oct. 25, 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead None Stillborn None

FATHER	MOTHER
FULL NAME Euleterio Goicoechea	FULL MAIDEN NAME Eulalia Sabala
Residence (Usual place of abode) Boise, Idaho	Residence (Usual place of abode) Boise, Idaho
If non-resident, give place and State	If non-resident, give place and State
Color or race Spanish Basque Age at last birthday 30 (Years)	Color or race Spanish Basque Age at last birthday 26 (Years)
Birthplace (City and State or County)	Birthplace (City and State or County)
Occupation Laborer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 9:00 P. M. on the date above stated.

(Signature) Eulalia Goicoechea
Mother
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address #931 Weatherlow St. Susanville Calif.

Filed 4-1 1954

Registrar.

Maria Dominga Arregui, Boise, Idaho
Santa Bilboa, Twin Falls, Idaho
Maria Uranga, Boise. Idaho

State of California)
) ss.
County of Lassen)

Eulalia Goicoechea, being first duly sworn deposes and states that she made the foregoing statements, which are true of her own knowledge.

Eulalia Goicoechea

Subscribed and sworn to before me this 2nd day of April, 1934.

E. B. Coffin

Notary Public in and for the County of Lassen, State of California.

My commission expires March 17, 1935

RECEIVED APR 27 1934

Spell - Gaussoin

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 220900

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. ..... St.
714 220 014 433
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Anna Elizabeth Gaussoin

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth 2/20/1909 (Month, Day, Year)

9. Full name	FATHER	18. Full maiden name	MOTHER
	Charles H. Gaussion		Sarah Genevieve McCarty
10. Residence (usual place of abode) (If non-resident, give place and State)	Nampa	19. Residence (usual place of abode) (If non-resident, give place and State)	Nampa
11. Color or race W	12. Age at last birthday 33 (years)	20. Color or race W	21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or country)	Lebanon, Va.	22. Birthplace (city or place) (State or country)	Mead, Neb
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work ....., 19....	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Murray, M. D.
or ....., Midwife
Address Nampa Ida
Filed april, 1934

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Teton

No. St.

299-108 022. 792

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 221902

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Charles Clifford Bird

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of birth (Month) (Day), (Year)
M				Yes	Feb. 8, 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

Number of child of this mother, including present birth 2nd (a) Born alive and now living one

Born alive but now dead — Stillborn —

FATHER		MOTHER	
FULL NAME	Charles Henry Bird	FULL MAIDEN NAME	Mary Agnes Gibb
Residence (Usual place of abode)	Teton Idaho	Residence (Usual place of abode)	Teton Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	W	Color or race	W
Age at last birthday (Years)	43	Age at last birthday (Years)	39
Birthplace (City and State or County)	Minden Utah	Birthplace (City and State or County)	Bloomington Ill
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 1, P. M. on the date above stated.

(Signature) Mary Agnes Gibb Bird
Mother
~~(Physician or midwife)~~

Address Teton, Idaho.

Filed June 4 1934

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

A. M. Bird Teton Idaho,
Mrs. R. J. Thomson Teton, Idaho
Harriet M. Bird. Teton Idaho,

867-168-029-319

222 3

PLACE OF BIRTH

County of Latah

City of Moscow

No. 714 So. Adams St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

222339

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Leroy Edward Vogel
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes.	Oct. 18, 1909.

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2nd (a) Born alive and now living Yes

Born alive but now dead — Stillborn —

FATHER	MOTHER
FULL NAME Edward Fredrich Vogel	FULL MAIDEN NAME Rosanna K. Earle
Residence (Usual place of abode) 714 So Adams St	Residence (Usual place of abode) 714 So Adams St
If non-resident, give place and State Moscow Idaho	If non-resident, give place and State Moscow Idaho
Color or race White Age at last birthday 30 (Years)	Color or race White Age at last birthday 25 (Years)
Birthplace Howard Lake Minn (City and State or County)	Birthplace Amerandale Minn (City and State or County)
Occupation Salesman	Occupation House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 10 Oclock P. M. on the date above stated.

(Signature) Edward Fredrich Vogel (Father)
Present address 615-4th Ave No Minneapolis Minn
(Physician or midwife)

Address 714 So Adams St. Moscow Idaho

Filed Jan 19 36 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Mrs. J. C. Schuyler
Mrs J. P. Schuyler
Mrs Chas Earle address unknown

DELAYED

251-222355-766

222355

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boise

City of Ola

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

222355

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Emily May Beal.
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	June 27, 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Charles Edwin Beal.	FULL MAIDEN NAME	Lydia May Gooden
Residence (Usual place of abode)	Ola, Idaho.	Residence (Usual place of abode)	
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday	35 (Years)	Age at last birthday	25 (Years)
Birthplace	Illinois. (City and State or County)	Birthplace	Nelsonville Missouri (City and State or County)
Occupation	farmer.	Occupation	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 9:30 A.M. on the date above stated.

(Signature) Lydia M. Beal.
Mother.
(Physician or midwife)

Address Ola Idaho.

Filed Sept 1936 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

313-122-044-297

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

223234

CERTIFICATE OF BIRTH 223234

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD FRANK CALDWELL

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	November 22, 1909 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Albert Caldwell	FULL MAIDEN NAME Julia E. Sipe
Residence (Usual place of abode) Midvale	Residence (Usual place of abode) Midvale
If non-resident, give place and State	If non-resident, give place and State .....
Color or race W. Age at last birthday 25 (Years)	Color or race W Age at last birthday 27 (Years)
Birthplace Missouri (City and State or County)	Birthplace Missouri (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 3 Pm. M. on the date above stated.

(Signature) Albert Caldwell
(Father)
~~(Physician or midwife)~~

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Route #1, Balowell, Idaho

Filed 7 27 1934

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-224-007-437

RECEIVED JUL 17 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

223441

CERTIFICATE OF BIRTH

Registration District No._____ State File No._____

Prim. Registration District No._____ Local Registrar's No._____

1. PLACE OF BIRTH

County of Blaine

City of Hailey

No._____ St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Frances C. Mc Monigle

3. Sex Female

If plural births: 4. Twin, triplet, or other_____ 5. Number, in order of birth_____

6. Premature_____ Full term X

7. Legitimate?_____

8. Date of birth May 24, 1909 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: Andrew Mc Monigle	18. Full maiden name: Mary Mc Geehan
10. Residence (usual place of abode) (If non-resident, give place and State): Hailey, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State)_____
11. Color or race: White 12. Age at last birthday: 50 (years)	20. Color or race: White 21. Age at last birthday: 38 (years)
13. Birthplace (city or place) (State or country): County Donegal Ireland	22. Birthplace (city or place) (State or country): County Donegal Ireland
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc._____	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc._____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farming	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housekeeping
16. Date (month and year) last engaged in this work _____, 19__ 17. Total time (years) spent in this work_____	25. Date (month and year) last engaged in this work _____, 19__ 26. Total time (years) spent in this work_____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn_____

28. If stillborn, period of gestation_____ months or weeks

29. Cause of stillbirth_____ Before labor_____ During labor_____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mary Mc Monigle Mother, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report_____

(DATE OF)

_____ Registrar.

Filed July 17, 1934 _____ Registrar.

WRITE PLAINLY

N. B.—In case of more than one child at a birth, SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

STATE OF IDAHO)
) SS
COUNTY OF IDAHO)

Mary McMonigle, being first duly sworn, says that she is the mother of Frances C. McMonigle, born May 24, 1909 at Hailey, Idaho, whose certificate of birth is hereto attached. Affiant further states that Doctor Plummer was the medical attendant at the birth of said Frances C. McMonigle and that the said attendant is now deceased.

Name of Affiant Mary McMonigle

P.O. Address ~~Boise~~ R#4 - Boise, Idaho

Subscribed and sworn to before me this 2nd day of December 1936.

Dorothy M Gray
Notary Public
My commission expires 10/28/39

595-18-8223-249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Chester

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 224014

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Evan Deloss Hines
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of birth (Month) May (Day) 29, (Year) 1909
male				Yes	

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living 1

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME: Wm. Ernest Hines	FULL MAIDEN NAME: Mayette Marie Burkdoll
Residence (Usual place of abode): Chester	Residence (Usual place of abode): Chester
If non-resident, give place and State:	If non-resident, give place and State:
Color or race: W Age at last birthday: 33 (Years)	Color or race: W Age at last birthday: 23 (Years)
Birthplace: Ohio (City and State or County)	Birthplace: Richmond, Kans. (City and State or County)
Occupation: Laborer	Occupation: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 11:00 A M. on the date above stated.

(Signature) Mrs Emma J. Burkdoll
(Grandmother)
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Eagle, Idaho RFD#1

Filed AUG 1934 19 10

Registrar.

DELAYED

515-209-019-36b

224023

PLACE OF BIRTH

County of Custer

City of ~~Village~~ Mackay

No. near St. Idaho

(If born in hospital or institution give name.) At Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 224023

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Virginia Wilda Vance
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				yes	Oct 9, 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth Fourth (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Clay Archer Vance	FULL MAIDEN NAME	Priscilla Cowan Vance
Residence (Usual place of abode)	Ranch near Mackay	Residence (Usual place of abode)	Ranch near Mackay
If non-resident, give place and State		If non-resident, give place and State	
Color or race		Color or race	White
Age at last birthday (Years)	37	Age at last birthday (Years)	37
Birthplace (City and State or County)	Paris, Edgar Co Ill	Birthplace (City and State or County)	Slaterville Weber Co Utah
Occupation	Rancher	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 4" P.M. on the date above stated.

(Signature) Theo Baker
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Mackay Idaho.

Filed Jan 1936

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 0 1966

MAR 2 1972

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

235-127-028-4169

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

224038

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Henry Cyril Blee

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Male | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth Oct. 27, 1909 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid

Number of child of this mother, including present birth 3 (a) Born alive and now living 2

Born alive but now dead 1 Stillborn .....

FATHER	MOTHER
FULL NAME: John William Harvey Blee	FULL MAIDEN NAME: Mary Eliza Morin
Residence (Usual place of abode): Harrison, Idaho	Residence (Usual place of abode): Harrison, Idaho
If non-resident, give place and State: ~~Cave-in-Rock, Ill.~~	If non-resident, give place and State: ~~Cave-in-Rock, Ill.~~
Color or race: White Age at last birthday: 54 (Years)	Color or race: White Age at last birthday: 49 (Years)
Birthplace: Calumet, Michigan (City and State or County)	Birthplace: Manistee, Michigan (City and State or County)
Occupation: Mining Engineer	Occupation: Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 2 · 00 M. on the date above stated.

(Signature) Mary Morin
(Grandmother)
(Physician or midwife)

Address Cave-in-Rock, Ill.

Filed Sept. 1934 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

556-010-842357

224700

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

224700

CERTIFICATE OF BIRTH 224700

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Twin Falls
City of Near Rogerson
No. ..... St.
At Salmon Dam
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Helen Marie Newell

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? Yes ✓

8. Date of birth Aug. 10, 1909 (Month, Day, Year)

FATHER

9. Full name Robert J. Newell

10. Residence (usual place of abode) Salmon Dam. (If non-resident, give place and State) .....

11. Color or race White-~~Amer.~~

12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or country) Columbus Junction Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Civil Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Irrigation Constructio

16. Date (month and year) last engaged in this work August, 1909

17. Total time (years) spent in this work 6

MOTHER

18. Full maiden name Mary LeGore Newell

19. Residence (usual place of abode) Salmon Dam (If non-resident, give place and State) .....

20. Color or race White-~~Amer.~~

21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or country) Jefferson Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work August, 1909

26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ~~Nitrate of Silver~~

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) R J Newell, ~~M. D.~~
or Father, ~~Midwife~~
Address Ontario, Oregon

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Sept. 14, 1934, 193 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

Following persons knew of birth.

DELAYED

C. W. Jaclyn 1002 Warm Springs Ave
Boise Idaho

Thos R. Nowell 3rd & W Jefferson
Boise Idaho

A. M. Gilbert Bolinas, Calif.

819 2 20-00-816

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

(If born in hospital or institution give name.)

Copy

RECEIVED
OCT 1934

STATE OF IDAHO 224716
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

224716

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. .....

Prim. Registration District No. 1004 Local Registrar's No. 817

FULL NAME OF CHILD ~~Baby~~ Hart (Dorothy J.)
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Female				Yes	Nov. 20, 1909 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME: L. Hart	FULL MAIDEN NAME: Ella La Follette
Residence (Usual place of abode): 1602 State	Residence (Usual place of abode): same
If non-resident, give place and State:	If non-resident, give place and State:
Color or race: W Age at last birthday: 29 (Years)	Color or race: W Age at last birthday: 30 (Years)
Birthplace: Idaho (City and State or County)	Birthplace: Montana (City and State or County)
Occupation: Farmer	Occupation: HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

(Signature) John Boeck
MD
(Physician or midwife)

Address Boise, Idaho

Filed 1909 19 W. H. RHODES Present Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

253 201 022 363

NOV 1 6 1934

226583

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 226583

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Fremont
City of Menan
No. — St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Margaret Olive Sellers

3. Sex Female

If plural births: 4. Twin, triplet, or other One 5. Number, in order of birth No.

6. Premature No Full term Yes

7. Legitimate? Yes

8. Date of birth March 1, 1909 (Month, Day, Year)

FATHER

9. Full name John Atkinson Sellers

10. Residence (usual place of abode) Menan Ida
(If non-resident, give place and State) .....

11. Color or race White 12. Age at last birthday 49 (years)

13. Birthplace (city or place) Yorkshire England
(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Missionary

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Presbyterian S.S. Missions

16. Date (month and year) last engaged in this work March 1, 1909

17. Total time (years) spent in this work 9

MOTHER

18. Full maiden name Olive Collier

19. Residence (usual place of abode) Menan Ida
(If non-resident, give place and State) .....

20. Color or race White 21. Age at last birthday 40 (years)

22. Birthplace (city or place) Sterling Ohio
(State or country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Public schools of Kans, Colo & Idaho

25. Date (month and year) last engaged in this work May, 1908

26. Total time (years) spent in this work 16

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks

30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 12:10 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Margaret Frances Collier, ~~M. D.~~

or ....., Midwife

Address Menan, Idaho (From Marion Kans)

Give name added from a supplemental report .....
(Date of)

Filed Nov. 1, 1934, 193..... Pearl Dillingham
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

11/13/40 L.B.

DELAYED

173-221 016-957 DEC 4 1934 226591

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Cassia
City of Albion
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 226591

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Katharine Elizabeth Axline

3. Sex: girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth August 21, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: George Andrew Axline	18. Full maiden name: Mabel Estella Rea
10. Residence (usual place of abode) (If non-resident, give place and State): Albion, Idaho.	19. Residence (usual place of abode) (If non-resident, give place and State): Albion, Idaho.
11. Color or race: White 12. Age at last birthday: 37 (years)	20. Color or race: White 21. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or country): Fairfield Iowa	22. Birthplace (city or place) (State or country): Galesburg Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Teacher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: Now engaged, 19..... 17. Total time (years) spent in this work: 14 yrs	25. Date (month and year) last engaged in this work: Now engaged, 19..... 26. Total time (years) spent in this work: 10 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 11:30 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mabel E. Axline, M. D.
or Mother, Midwife
Address Civic Auditorium, San Francisco, Cal.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Dec, 1936. ..... Registrar.

all present at birth

Mrs. Mary J. Rea, 111 Duncan St. Raleigh, N. Carolina

" Florence Rea McCormick, above address.

Mrs. Mary Lamsbury, Albion, Idaho.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 296-228-001 386

County of Ada

City of Boise

No. 609 N 15th St.

Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

226604

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ellen Lorraine Lionis
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day), 19 (Year)
Girl				yes	June 28, 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 5 (a) Born alive and now living 5

Born alive but now dead one Stillborn .....

FATHER		MOTHER	
FULL NAME	Nicholas George Lionis	FULL MAIDEN NAME	Alice Margaret Thompson
Residence (Usual place of abode)	Boise 602 Washington	Residence (Usual place of abode)	Boise ~~602 Washington~~
If non-resident, give place and State		If non-resident, give place and State	
Color or race	Greek	Color or race	American
Age at last birthday (Years)	~~64~~ 36	Age at last birthday (Years)	~~65~~ 48
Birthplace (City and State or County)	Greece	Birthplace (City and State or County)	Memphis Mo.
Occupation	Laborer	Occupation	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 3:00 P M. on the date above stated.

(Signature) Maude Marsh
Dr Bowers
(Physician ~~or midwife~~)

Address .....

Filed 1-2 1934 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

68-102-001-433

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

27500

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1008 No. 6th St.
Boise, Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD James Harold Wayland

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth July 2, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles William Wayland	18. Full maiden name Daisy McConnel
10. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho
11. Color or race Wh | 12. Age at last birthday 35 (years)	20. Color or race Wh | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) Boston, Massachussetts	22. Birthplace (city or place) (State or country) Near Caldwell Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Architect	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own office	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 10	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles W. Wayland (Corrected) M. D.
or ....., Midwife
Address 1510 Hayes Street Boise Idaho
Filed 1-4-, 1935
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

[redacted]
Boise, Idaho

J. A. Fennell
1703 WarmSprings Avenue
Boise, Idaho

Mrs. W. B. Young
516 "nd Street East
Twin Falls, Idaho

5/14/41 L. B.

DELAYED

RECEIVED

1 2 8 5 5 8

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

228558

County of Canyon

City of Nampa

No. 1134 10th Ave. No.

546-128-014-5-12

(If born in hospital or institution give name.)

Registration District No. 7 State File No.

Prim. Registration District No. 1006 Local Registrar's No. 46

2. FULL NAME OF CHILD Alpha Jo Edwards

3. Sex Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term X

7. Legitimate? Yes

8. Date of birth Jan 28, 1907 (Month, Day, Year)

FATHER

9. Full name Royal H. Edwards

10. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho

11. ~~Color or race~~ W

12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or country) Brooklyn Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch

16. Date (month and year) last engaged in this work ..., 1905

17. Total time (years) spent in this work 10 yrs

MOTHER

18. Full maiden name Carrie G. Eastman

19. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho

20. ~~Color or race~~ W

21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or country) Derby, Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work ..., 19..

26. Total time (years) spent in this work Lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver nitrate solution

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) ~~Stillborn~~

29. If stillborn, period of gestation ... months or weeks

30. Cause of stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive) at 5 p. m. on the date above stated.

(Signed) Geo. A. E. Kellogg, M. D.

or ..., Midwife

Address Nampa Idaho

Filed Feb. 7, 1935 Lyda Rodgers Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ... (Date of)

... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

1/27/41 L. B.

RECEIVED MAR 8 1935

22 / 40 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

229402

1. PLACE OF BIRTH
County of Benewah
City of St. Joe
No. 169-112 005-995 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arthur Walter Gordon

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth April 12, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Walter Arthur Gordon	18. Full maiden name: Bertha Emma Zinter
10. Residence (usual place of abode) (If non-resident, give place and State): St. Joe Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): St Joe, Ida
11. Color or race: W | 12. Age at last birthday: 30 (years)	20. Color or race: W | 21. Age at last birthday: 20 (years)
13. Birthplace (city or place) (State or country): Sunderland, Ontario, Canada	22. Birthplace (city or place) (State or country): Minneapolis, Minnesota
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc:	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Saw mill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: Past, 1910 | 17. Total time (years) spent in this work: 20 yrs.	25. Date (month and year) last engaged in this work: ....., 19.... | 26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Bertha Emma Gordon, M. D.
or Mother, Midwife
Address .....

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed March, 1935 ..... Registrar.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

Dr. Staurt attending

Nurse Miss Harris

Friends that know of birth are:

Mr. and Mrs. Allen Kepha
Leighton, Alberta, Canada

Mr. William Zinter, Uncle of child

Sandpoint, Idaho

DELAYED

249-124003-236

229411

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 23 Company Row St.

Company row 2nd ward 5 Harrison st

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 229411

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Wright Burns

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth July 24, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name John James Burns	18. Full maiden name Lottie Alice Scott
10. Residence (usual place of abode) 23 Company Row (If non-resident, give place and State) Pocatello, Idaho	19. Residence (usual place of abode) 23 Company Row (If non-resident, give place and State) Pocatello, Ida
11. Color or race White | 12. Age at last birthday 49 (years)	20. Color or race White | 21. Age at last birthday 36 (years)
13. Birthplace (city or place) Kenosha Wisconsin (State or Country)	22. Birthplace (city or place) Fort Scott, Kansas (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. train conductor	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Oregon Short line (U.P)	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. State of Idaho.
16. Date (month and year) last engaged in this work July 24 at present, 1909 | 17. Total time (years) spent in this work 21	25. Date (month and year) last engaged in this work June, 1905 | 26. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 10 p m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Lottie Alice Scott Burns (mother), ~~M. D.~~

or ....., Midwife

Address 626 S. Burnside, Los Angeles, Cal.

Filed May, 1936

Registrar.

DELAYED

Mrs May L. Woolman
4812 Chicago St.
Seattle, Wash

Mrs J. H. Bean
200 W. Clark
Pocatello, Idaho

Dr Minnie Howard
100 S. Garfield
Pocatello Idaho.

Dr W. A. Wright attending physician deceased.

SPC/-222-204-469

PLACE OF BIRTH
County of Washington
City of Weiser
No.
(If born in hospital or institution give name.)

RECEIVED APR 10 1985

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

F 230204

CERTIFICATE OF BIRTH 230204

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Florence Estelle Camp

3. Sex female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term X | 7. Legitimate? Yes | 8. Date of birth Nov 22 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles E. Camp	18. Full maiden name Florence Elizabeth Morse
10. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Idaho
11. Color or race white 12. Age at last birthday 32 (years)	20. Color or race white 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or country) Newington Hartford Co. Conn.	22. Birthplace (city or place) (State or country) Oak Park Cook Co. Illinois
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work October, 1919	25. Date (month and year) last engaged in this work , 19
17. Total time (years) spent in this work 5 yrs	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation months or weeks | 30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING ~~PHYSICIAN~~ OR ~~MIDWIFE~~ Householder

I hereby certify that I attended the birth of this child, who was born alive at Home on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs R. H. Kimball, M.D.
or Householder, Midwife
Address 1186 S. Hidalgo ave Alhambra Calif.

Give name added from a supplemental report Florence Estelle Camp
(Date of)

Filed 4-10, 1935
Registrar. Registrar.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and number of each in order of birth, stated

FROM

DEPARTMENT OF PUBLIC WELFARE

BOISE, IDAHO

Box 2149

IDAHO

DECEASED

39-129.001-9811

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada APR 11 1936

City of Boise

No. 1011 Lewis Ave St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 230228

Registration District No. 2 State File No.

Prim. Registration District No. 1004 Local Registrar's No. 180

2. FULL NAME OF CHILD James William Crawford

3. Sex M.

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term

7. Legitimate? yes.

8. Date of birth Sept. 29, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Alexander William Crawford	18. Full maiden name: Delia A (Ryan) Crawford
10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho
11. Color or race W. 12. Age at last birthday 28 (years)	20. Color or race W. 21. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or country) Idaho City, Idaho	22. Birthplace (city or place) (State or country) Ohio
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc U.S. Letter Car	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ..., 19.. 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ..., 19.. 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argno 3 1%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks 30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 P.m. on the date above stated. (Born Alive or Stillborn)

(Signed) [signature], M. D.

or ..., Midwife

Address Boise, Idaho

Filed 3-16, 1935 W. H. Rhodes Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

Registrar.

(Over)

Filed 10-4-1909

Since filing this record in 1935, the original Record of this birth has been found in the office of the County Recorder of Ada County, Boise, Idaho.
Page 38, No. 302, and filed on October 4, 1909.

This record made on June 4, 1940, in the Bureau of Vital Statistics

551-20-012-791

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Butte

City of Darlington Ida

No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 230550

Registration District No. 7659 State File No. 12

Prim. Registration District No. 7659 Local Registrar's No. 128

2129

2. FULL NAME OF CHILD Melvin Lewis Evans

3. Sex boy

If plural births: 4. Twin, triplet, or other one

5. Number, in order of birth 2

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth Oct. 20, 1909 (MONTH, DAY, YEAR)

FATHER

9. Full name Lewis Henry Evans

10. Residence (usual place of abode) (If non-resident, give place and State) Darlington Ida.

11. Color or race white 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or country) Malad Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work _____, 19__

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Stella Anna Gray

19. Residence (usual place of abode) (If non-resident, give place and State) Darlington

20. Color or race white 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or country) Fremont County Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farmer's wife

25. Date (month and year) last engaged in this work _____, 19__

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn ____

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (BORN ALIVE OR STILLBORN) at 10:45 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or Father Lewis H. Evans, Midwife

Address Darlington Ida

Filed Mar. 11, 1935 Rose Moore Registrar.

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

Mch. 20 - 1935 - M. G. Dietrich

Money order enclosed - 50¢ - Please send me copy.

389 126-014-796

R 31014

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

231014

1. PLACE OF BIRTH

County of Canyon

City of Caldwell, Idaho

No. ..... St.

Registration District No. ..... State File No. .....

(If born in hospital or institution give name) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edwin Leitritz

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth July 26, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Edward Leitritz	18. Full maiden name Caroline D. Prokesch
10. Residence (usual place of abode) Caldwell, Idaho (If non-resident, give place and State)	19. Residence (usual place of abode) Caldwell, Idaho (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 39 (years)	20. Color or race White | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) La Crosse, Wisconsin (State or Country)	22. Birthplace (city or place) La Crosse, Wisconsin (State or Country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Caroline D. Leitritz (Mother), M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

..... Registrar.

Filed April, 1935. ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs. Thomas, Caldwell Idaho

Mrs Tucker, Caldwell Idaho

Mrs J Stafford, Caldwell Idaho

619-113 019-643

231025

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Custer
City of Mackay
No.
(If born in hospital or institution give name)

RECEIVED APR 23 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. State File No. 231025
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Herbert Ronald Warren

3. Sex M | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term X | 7. Legitimate Yes | 8. Date of birth July 13 1934 (Month, Day, Year)

FATHER	MOTHER
9. Full name George Levi Warren	18. Full maiden name Elonita Fullmer
10. Residence (usual place of abode) (If non-resident, give place and State) Mackay	19. Residence (usual place of abode) (If non-resident, give place and State) Mackay
11. Color or race W. | 12. Age at last birthday 30 (years)	20. Color or race W. | 21. Age at last birthday 18 (years)
13. Birthplace (city or place) Idaho Falls (State or country) Idaho	22. Birthplace (city or place) Arrowville (State or country) Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. teamster	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work, 19 | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation months or weeks | 30. Cause of stillbirth | Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at 5A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ~~Francis H. Poole~~, M. D.
or Eliza J. Fullmer, Midwife
Address

Give name added from a supplemental report
(Date of)
Registrar.

Filed April, 1935
Registrar.

965226-032693

RECEIVED MAY 3 1935

231036

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

231036

County of Lincoln

City of Shoshone — Registration District No. ____ File No. ____

No. ____, ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital None

FULL NAME OF CHILD Ethel Christinia Roessler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 26th. 1909

FATHER	MOTHER
FULL NAME: Jacob Ernest Roessler	FULL MAIDEN NAME: Barbara Isabelle Williams
RESIDENCE: Shoshone, Idaho	RESIDENCE: Shoshone, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 41 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Iowa City, Iowa	BIRTHPLACE: Licking, Missouri
OCCUPATION: Well Driller	OCCUPATION: House Wife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. Baugh M.D.
(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

Filed May 19 35

____ Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Iona

No. 869 119 010 312 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

231268

CERTIFICATE OF BIRTH

Registration District No. 73 State File No.

Primary Registration District No. 21 V-2 Local Registrar's No. 254

FULL NAME OF CHILD Minoru Horada MINORU HORADA

(Certificate of no value without full name of child)

Sex of Child: Male

Twin / Triplet / or other? } and { Number in order of birth } (To be answered only in event of plural births)

Legitimate? Yes

Date of birth: 7 (Month) 19 (Day) 1909 (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	O Horada	FULL MAIDEN NAME	Sago Takishara
RESIDENCE	Idaho Falls RFD 4	RESIDENCE	Idaho Falls
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 5 A.M. on the date above stated. — July 9, 1909

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning
Midwife
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192...

Registrar.

MINORU HORADA

Filed May 6 1923 — C. Finnaird
Registrar.

First certified copy issued 5/18/35

843120 (12 843

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

231328

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Butte
City of Arco
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Alfred Fredrick Hutchings

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term Yes | 7. Legitimate? yes | 8. Date of birth Feb 20 1909 193.. (Month, Day, Year)

FATHER	MOTHER
9. Full name Earl Hutchings	18. Full maiden name Mae Hutchings
10. Residence (usual place of abode) (If non-resident, give place and State) Boise	19. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race White 12. Age at last birthday 26 (years)	20. Color or race White 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) ~~Arco Idaho~~ Utah	22. Birthplace (city or place) (State or Country) ~~Nauvoo~~ Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Businessman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..	25. Date (month and year) last engaged in this work ....., 19..
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 5 (At time of this birth and including this child) 5
(a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mae Hutchings, ~~M. D.~~
or Mother, ~~Midwife~~
Address Burley, Ida. ~~Box 1~~
Filed Jan 1, 1930

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.

959-208-032-115

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

231652

RECEIVED MAY 6 1935

1. PLACE OF BIRTH
County of Lincoln
City of Hendell
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Sophia Cecilia Reimers

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth Sept 8, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Herman Emil Reimers	18. Full maiden name Cecilia Jansen
10. Residence (usual place of abode) (If non-resident, give place and State) Hendell	19. Residence (usual place of abode) (If non-resident, give place and State) Hendell
11. Color or race ..... 12. Age at last birthday 44 (years)	20. Color or race ..... 21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Germany	22. Birthplace (city or place) (State or Country) Germany
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs H E Reimers Mother, ~~M. D.~~
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed May, 1935 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DEC 26 1957

DECEASED

RECEIVED MAY 3 1935

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

231803

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Shoshone
City of Mullan
No. 915 106-040 914 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Arvie Just Pontanen

3. Sex male

If plural births { 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature — Full term —

7. Legitimate? yes

8. Date of birth 6-6-09, 193.. (Month, Day, Year)

FATHER

9. Full name Onni Pontanen (deceased)

10. Residence (usual place of abode) (If non-resident, give place and State) Mullan Idaho

11. Color or race W | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Finland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mullan Idaho Morning mine

16. Date (month and year) last engaged in this work 6-6, 1909

17. Total time (years) spent in this work 11 yrs

MOTHER

18. Full maiden name Mary W. Rautio Mullan, Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Pittston Pa

20. Color or race W | 21. Age at last birthday [redacted] (years) 23

22. Birthplace (city or place) (State or Country) FINLAND

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work 6-6, 1909

26. Total time (years) spent in this work [redacted] yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother — 2 — (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth — { During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 P m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or Mary Gabila, Midwife

Address Mullan Idaho

Filed May 3, 1935

..... Registrar.

MAR 4 1987

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

23-610

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

232810

JUN 24 1935

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. 295 121 014 363
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lawrence Colby Kingsbury

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Oct. 21, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Otis L. Kingsbury	18. Full maiden name: Ida Belle Colby
10. Residence (usual place of abode) (If non-resident, give place and State): Caldwell, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Caldwell, Ida.
11. Color or race: W | 12. Age at last birthday: 35 (years)	20. Color or race: W | 21. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or Country): Iowa	22. Birthplace (city or place) (State or Country): Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: ....., 19.... | 17. Total time (years) spent in this work:	25. Date (month and year) last engaged in this work: ....., 19.... | 26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....
Registrar.

(Signed) Ida B. Kingsbury (Mother) M. D.
or Ida B. Kingsbury Mother, ~~Midwife~~
Address Caldwell, Idaho
Filed June 22, 1935 Pearl Dillingham
State Registrar.

718-113-0 34-413

JUL 13 1935 RECEIVED

232840

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

232840

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

1. PLACE OF BIRTH
County of Minidoka
~~City~~ Minidoka Dam
~~St.~~ ~~St.~~
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD James Macdonald Gaylord

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth July 13, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: James Mason Gaylord	18. Full maiden name: Linna L. Macdonald
10. Residence (usual place of abode) (If non-resident, give place and State): Minidoka Dam	19. Residence (usual place of abode) (If non-resident, give place and State): Minidoka Dam
11. Color or race: White; 12. Age at last birthday: 29 (years)	20. Color or race: White; 21. Age at last birthday: 30 (years)
13. Birthplace (city or place) (State or country): Ashford, Conn.	22. Birthplace (city or place) (State or country): Barnesville, Ohio
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Engineer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc: U.S. Reclamation Service	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: July, 1909; 17. Total time (years) spent in this work: 2 yrs.	25. Date (month and year) last engaged in this work: July, 1909; 26. Total time (years) spent in this work: 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, ~~who was~~ born (Born Alive or Stillborn) at 2 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

~~Signed~~ J. B. Kenegy, M. D.
or J. M. Gaylord, Father ~~Mother~~
Address 1935 - 306 W. 3rd St. Los Angeles, Cal.

Give name added from a supplemental report .....
(Date of)

Filed July 13, 1935 - Pearl Dillingham, State Registrar.

Registrar.

DEC 3 1975

Roy B. Keese,
1009 N. Coronado St.,
Los Angeles, Cal.

Frank J. Windas,
2342 Addison Way,
Los Angeles, Cal.

M. E. Damren,
Beaumont, Cal.

243-113-001-304

733793

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

233793

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise Ida
No. Monte 8th St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Floyd Edwin Bulls

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth May 13 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Benjamin Franklin Bulls	18. Full maiden name Ethel Cary Lamb
10. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race W 12. Age at last birthday 26 (years)	20. Color or race W 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or country) Missouri	22. Birthplace (city or place) (State or country) Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc painter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
16. Date (month and year) last engaged in this work May 1909, 19..... 17. Total time (years) spent in this work 4 years	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? yes

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks 30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) John Brock M. D.

or ....., Midwife

Address Boise Ida

Filed June, 1935

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

119-117-001-783

233796

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 233796

1. PLACE OF BIRTH

County of Ada

City of Boise, Idaho

No. St. St. Alphonsus Hospital

(If born in hospital or institution give name.)

Registration District No. 2 State File No.

Prim. Registration District No. 1004 Local Registrar's No.

2. FULL NAME OF CHILD Etna Levi Marcellus

3. Sex Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term ✓

7. Legitimate? ✓

8. Date of birth Nov 17, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Jonta Boen Marcellus	18. Full maiden name Myrtle Pearl Pyle
10. Residence (usual place of abode) (If non-resident, give place and State) 29	19. Residence (usual place of abode) (If non-resident, give place and State) Wichita Ks 29
11. Color or race White 12. Age at last birthday 55 (years)	20. Color or race White 21. Age at last birthday 50 (years)
13. Birthplace (city or place) Paola Kans (State or Country) Miami County	22. Birthplace (city or place) Barber County (State or Country) Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Federal Land Bank	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work — , 19—	25. Date (month and year) last engaged in this work — , 19—
17. Total time (years) spent in this work 6	26. Total time (years) spent in this work 30 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

X (Signed) Myrtle Pearl Marcellus MOTHER, ~~M.D.~~

or , ~~Midwife~~

Address Wichita Kansas

Filed 7-20, 1935 K. Sharp Present Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Sedgwick County) SS
State of Kansas)

Mrs. Myrtle Pearl Marcellus subscribed and swore to the above certificate, before me, L. R. Hughes, Notary Public for the above named County and State, this 17th day of July 1935.

My commission expires March 15, 1938

L R Hughes
Notary Public

Wichita Kans.
July 31 - 1935

Roberta Sharp.
Boise, Idaho.

Enclosed find birth certificate for Elva Levi Marcellus.
Will you please make these corrections and return.

Elva Levi Marcellus was born Nov. 17 - 1909 -

Jonita Boen Marcellus - age at last Birthday 29 yrs.

Myrtle Pearl Marcellus - age at last Birthday - 29 yrs.

Mrs. J. B. Marcellus

New certificate needed

address -
872 Buffum
Wichita Ks.

553-210-001-238

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. So. Boise St.
Rt 5
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

233859

CERTIFICATE OF BIRTH

Registration District No. 8 State File No.
Prim. Registration District No. 2004 Local Registrar's No. 9

2. FULL NAME OF CHILD Krista Henriett Nelson

3. Sex F | If plural births: 4. Twin, triplet, or other | 5. Number, in order of birth | 6. Premature | Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth Sept. 10, 1909 (Month, Day, Year)

9. Full name Sam O. Nelson
10. Residence (usual place of abode) Rt 5
(If non-resident, give place and State) Boise Ida
11. Color or race W. | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) Minn.
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Painter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work, 19 | 17. Total time (years) spent in this work

FATHER

18. Full maiden name Rosa Schaufelberger
19. Residence (usual place of abode) Boise Ida
(If non-resident, give place and State)
20. Color or race W. | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) Colo.
(State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work, 19 | 26. Total time (years) spent in this work

MOTHER

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argno 3 1%
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks | 30. Cause of stillbirth | Before labor | During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Boeck, M. D.
or ..., Midwife
Address Boise Idaho
Filed 7-11, 1935 R. Sharp Registrar.

Give name added from a supplemental report
(Date of)
Registrar.

431-106-035-1-1999

RECEIVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

234598

1. PLACE OF BIRTH
County of Nez Perce and Lewis
City of Forest, Near
No. Near St.
(If born in hospital or institution give name.)

Registration District No. 50 State File No.
Prim. Registration District No. 214 Local Registrar's No. 30

2. FULL NAME OF CHILD John Kenneth McAulay

3. Sex Male | If plural births: 4. Twin, triplet, or other X | 5. Number, in order of birth X | 6. Premature X | Full term | 7. Legitimate? yes | 8. Date of birth Feb. 6th, 1909 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Malcolm McAulay	18. Full maiden name Phebe Richardson
10. Residence (usual place of abode) (If non-resident, give place and State) Forest	19. Residence (usual place of abode) (If non-resident, give place and State) Forest
11. Color or race Wht 12. Age at last birthday 51 (years)	20. Color or race Wht 21. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or country) Nova Scotia	22. Birthplace (city or place) (State or country) Scis. Ore
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead None (c) Stillborn 1

28. If stillborn, period of gestation Do not know months or weeks | 29. Cause of stillbirth Do not Know | Before labor | During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (BORN ALIVE OR STILLBORN) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. E. McLaughlin, M. D.
or Physician, Midwife
Address Winchester, Idaho
Filed 7/16, 1937 R. E. Dwell
Registrar.

Give name added from a supplemental report
(DATE OF)
Registrar.

344-220-042-119

AUG 19 1935 RECEIVED

234765

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE,
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 234765

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Twin Falls
City of Filer
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ruth Elizabeth Ludlow.

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Sept 20, 1929 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Sherman Ludlow	18. Full maiden name: Carrie Marquett.
10. Residence (usual place of abode) (If non-resident, give place and State): Filer, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Filer, Ida.
11. Color or race: White 12. Age at last birthday: 44 (years)	20. Color or race: White 21. Age at last birthday: 42 (years)
13. Birthplace (city or place) (State or country): Fountain County Indiana	22. Birthplace (city or place) (State or country): Vermillion Co Ill
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Clergyman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Six
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Sherman Ludlow (Father) M.D.

or ..... Midwife

Address Filer, Idaho. R. 2

Filed Aug. 22, 1935, 193.....

Registrar. Registrar.

Give name added from a supplemental report .....
(Date of)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

DELAYED

259-123-006-492

234767

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 234767

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Joseph Bernat

3. Sex: male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1
6. Premature ..... Full term X
7. Legitimate? Yes
8. Date of birth Sept. 23, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Anton Bernat Sr.	18. Full maiden name: Frances Miskir
10. Residence (usual place of abode) (If non-resident, give place and State): Blackfoot	19. Residence (usual place of abode) (If non-resident, give place and State): Blackfoot
11. Color or race: White Age at last birthday: 29 (years)	20. Color or race: White 21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or country): Visnagra Bohamia	22. Birthplace (city or place) (State or country): Fisov Bohamia
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Blacksmith	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: Life time, 19 ..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work: Life time 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Seven (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Anton Bernat (Father) M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report ..... (Date of)
..... Registrar.

Filed 8-23-35, 193 ..... Registrar.

B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

State of Idaho,)
)ss
County of Bingham)

Signed and acknowledged before me this 22nd day of August 1935 by Anton Bernat.

R. L. Ashton

Frank Kekay Sr.
P. S. Fisher
C. F. Dahman

DELAYED

296-220-029-863

234771

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

234771

1. PLACE OF BIRTH
County of Latah
City of New Troy, Idaho
No.
(If born in hospital or institution, give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

DEC 26 1932

2. FULL NAME OF CHILD Clara Lucille Brock

3. Sex Female | If plural births {4. Twin, triplet, or other ..... 5. Number, in order of birth .....} | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth August 20, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Wesley Brock	18. Full maiden name Myrtle Angel Yockey
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 29 (years)	20. Color or race White | 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country)	22. Birthplace (city or place) New Troy, Idaho (State or Country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver nitrate

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... {months or weeks} | 30. Cause of stillbirth ..... {Before labor ..... During labor .....}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
..... Registrar.

X

(Signed) J. N. Olson, M. D.
or ....., Midwife
Address Troy Idaho then; Now Cokato Minn
Filed Aug. 26, 1935
..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

363-111-020-683

236695

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Elmore
City of Prairie Idaho
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

236695

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William Seymour Cole

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Jan 11, 1909 (Month, Day, Year)

FATHER

9. Full name William Seymour Cole
10. Residence (usual place of abode) (If non-resident, give place and State) Aztec N.M.
11. Color or race White 12. Age at last birthday ~~54~~ 53 (years)
13. Birthplace (city or place) (State or Country) Ft Wayne Indiana

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work Oct, 1935
17. Total time (years) spent in this work 45

MOTHER

18. Full maiden name Elma Wylie
19. Residence (usual place of abode) (If non-resident, give place and State) Aztec, N.M.
20. Color or race White 21. Age at last birthday ~~54~~ 53 (years)
22. Birthplace (city or place) (State or Country) Crestline Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Oct, 1935
26. Total time (years) spent in this work 37

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Jan 11 at 6 P. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.
or Mrs Nancy J Wylie, Midwife
Address Glenns Ferry Ida.
Filed 10/11-35, 193...

Registrar.

493-204 001-692

COPY

236718

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 236718

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of ADA
City of BOISE
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 2 State File No. .....
Prim. Registration District No. 1004 Local Registrar's No. 699

2. FULL NAME OF CHILD Esther Fiske Mitchell

3. Sex F
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? Yes
8. Date of birth June 17 1909 193.... (Month, Day, Year)

9. Full name — FATHER: Clarence E. Mitchell
10. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race W | 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work .....

18. Full maiden name — MOTHER: Bessie E. Fiske
19. Residence (usual place of abode) (If non-resident, give place and State) same
20. Color or race W | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) W. D. Springer, M. D.
or ....., Midwife
Address Boise
Filed 1909, 193.... R. Sharp Present Registrar.

EMILY PINE
SUPERINTENDENT

TELEPHONE 3060

St. Luke's Hospital
AND
NURSES' TRAINING SCHOOL
BOISE, IDAHO

Emily Pine

Idaho
Ada

7th November

Gertrude E. Harnedes

819-22-003399

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Inkom
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

236824

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Beulah Maggie Hargraves

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Sept. 22, 1909 (Month, Day, Year) Wednesday

FATHER	MOTHER
9. Full name Samuel Hargraves	18. Full maiden name Lanisa Criswell
10. Residence (usual place of abode) (If non-resident, give place and State) Inkom Ida	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race white | 12. Age at last birthday 29 (years)	20. Color or race white | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) Cassia Creek (State or Country) Cassia Co.	22. Birthplace (city or place) Blackfoot Idaho (State or Country) Bingham
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 6 yrs.	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother five (At time of this birth and including this child) (a) Born alive and now living five (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Lanisa Hargraves mother, M. D.
or ..... Midwife
Address Inkom Idaho.
Filed Oct. 29, 1935
..... Registrar.

Mrs T. J. Richardson.
Inkom Idaho.

Mrs Mary Webb.
Inkom Idaho.

Mrs Dora Damron
Inkom Idaho

766 · 213 044 89 NOV 30 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

238385

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. 503 E. Main St. St.
Weiser General Hospital
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Janet Gooding

3. Sex Female
If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term X
7. Legitimate? Yes
8. Date of birth June 13, 1909 (Month, Day, Year)

FATHER

9. Full name George Samuel Gooding
10. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Idaho
11. Color or race White 12. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Wilmington, Will County, Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Dealer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work August, 1910
17. Total time (years) spent in this work Several

MOTHER

18. Full maiden name Lillian Adele Wickey Wise
19. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Idaho
20. Color or race White 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or Country) Wilmington, Will County, Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work October, 1935
26. Total time (years) spent in this work 6 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 2 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Mrs. Lillian A. Gooding, mother, ~~Midwife~~
Address 328 W. Galloway ave., Weiser, Idaho
Filed Nov. 30, 1935
..... Registrar.

Mrs. F. B. Lloyd - Weiser, Idaho
Mrs. Maude Curl - Weiser, Idaho
Mrs. C. G. Taylor - Weiser, Idaho

365-823-006-555

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

239221

CERTIFICATE OF BIRTH

PEB 3 1936 RECEIVED

Registration District No. _____ State File No. 239221

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Abe
City of Aberdeen, Idaho
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Minna Bertha Toevs

3. Sex: female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Legitimate? _____

8. Date of birth Oct. 5, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Peter F. Toevs	18. Full maiden name: Katharina Enns
10. Residence (usual place of abode) (If non-resident, give place and State): same	19. Residence (usual place of abode) (If non-resident, give place and State): same
11. Color or race: white 12. Age at last birthday: 45 (years)	20. Color or race: white 21. Age at last birthday: 38 (years)
13. Birthplace (city or place) (State or Country): Russia	22. Birthplace (city or place) (State or Country): Russia
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work: Mar. 12, 1909 17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 8 (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9:00 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Feb. 1, 1936. (Date of)

Katharina Toevs
Registrar.

(Signed) Katharina Toevs, ~~M.D.~~

or Mother, ~~Midwife~~

Address 275 North 20th St. Salem, Oregon.

Filed Feb, 1936 Katharina Toevs
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

K

962-114-009-464

240105

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 2 1936 RECEIVED

CERTIFICATE OF BIRTH

240105

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Bonner
City of Sand Point
No. _____ St. _____
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Robert Charles Rose

3. Sex Male

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legitimate? Yes

8. Date of birth July 14, 1909 (Month, Day, Year)

FATHER

9. Full name Roger Rose

10. Residence (usual place of abode) (If non-resident, give place and State) Sand Point Idaho

11. Color or race White | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Haddenham Bucks England

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer, bookkeeper, etc.~~ Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work July, 1909

17. Total time (years) spent in this work 21

MOTHER

18. Full maiden name Elizabeth Esther Dodwell

19. Residence (usual place of abode) (If non-resident, give place and State) Sand Point Idaho

20. Color or race White | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) Middleton Cheney England (Northants)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work July, 1909

26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn —

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Roger Rose Father, ~~M.D.~~

or _____, Midwife

Address Sand Point Idaho

Give name added from a supplemental report _____

(Date of) _____

Filed 3/2/36, 193_____

Registrar. _____ Registrar.

Rev R. W. King.
Mrs Della Doolittle
Mrs Fred Seymour

Aug Cunningham
Idaho.

MAY 15 1956

APR 17 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

117-5818 2x-319

240113

MAR 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 240113

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Gooding
City of Wendell
No. 2 Mi. west of town
(If born in hospital or institution give name.) (at home)

2. FULL NAME OF CHILD Leo Wilcox Ragsdale

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 3rd | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Nov. 18th 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Franklin Ragsdale	18. Full maiden name: Ida Carter ~~Ragsdale~~
10. Residence (usual place of abode) (If non-resident, give place and State): Wendell, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Wendell, Ida.
11. Color or race: White 12. Age at last birthday: [illegible] (years)	20. Color or race: White 21. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or country): Brookline Missouri	22. Birthplace (city or place) (State or country): Canton Kansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Manufacturer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Envelope Factory	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work: At present, 1936	25. Date (month and year) last engaged in this work: ....., 19....
17. Total time (years) spent in this work: 17 yrs	26. Total time (years) spent in this work: 36

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Three
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John F. Ragsdale, ~~M. D.~~
or Father, ~~Midwife~~

Address 1544 N. 32 St Milwaukee, Wis

Give name added from a supplemental report .....
(Date of)

Filed March 5, 1936

Registrar. Registrar.

Names and Addresses of persons who know of this birth

Mr. & Mrs. Rex V. Wilcox Turlock, California

Mr. & Mrs B.M.Coolidge Gooding, Idaho

Mr.& Mrs Matthew Ford 6251 DeLongpre Ave
Hollywood, California

Mrs. Lou Carter Marsh 7403 Ridge Avenue
Chicago, Illinois

The attending ~~physician~~ physician was Dr. J.R. Silverthorn of Wendell, Idaho. He went to California many years ago and at present his address is unknown t to us. His wife was the attending nurse.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St. .....

(If born in hospital or institution give name.)

MAR 18 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 240877

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Cordelia Theresa Sisson

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? ✓

8. Date of birth Sept. 27 1909 (Month, Day, Year)

FATHER

9. Full name: William Gardner Sisson

10. Residence (usual place of abode) Spirit Lake (If non-resident, give place and State) .....

11. Color or race White 12. Age at last birthday 30 (years)

13. Birthplace (city or place) La Crosse, Wis. (State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Loco. Engn.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 8 yrs.

MOTHER

18. Full maiden name: Hannah Nagel

19. Residence (usual place of abode) Spirit Lake (If non-resident, give place and State) .....

20. Color or race White 21. Age at last birthday 25 (years)

22. Birthplace (city or place) Portland, Oregon (State or country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work 6 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ✓ (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 9 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Hannah Sisson, ~~M. D.~~

or Mother, Midwife

Address E. 2418 Pacific Ave. Spokane Wash.

Give name added from a supplemental report .....

(Date of) .....

Filed 3/18/36, 193.....

Registrar.

Registrar.

Mrs C. C. Heap - Spirit Lake Idaho.
Mrs. P. E. Weyman. Route 2 - Port Orchard Wash.
Mrs Harry Collins. 503 Franklin Ave.
Neenah Wis.

JUN 11 1942

763-212-043-112

PLACE OF BIRTH

MAR 27 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Valley

City of Rosebery

No. ..... St.

Registration District No. 15 File No. 70

Hospital ..... Primary Registration District No. ..... Registered No. 10

CERTIFICATE OF BIRTH 240897

FULL NAME OF CHILD Viola Mary Pottenger
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Feb 12 1909 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Willie Pottenger	FULL MAIDEN NAME Cynthia Etta Jasper
RESIDENCE Rosebery Idaho	RESIDENCE Rosebery Idaho
COLOR White AGE AT LAST BIRTHDAY 25 (Years)	COLOR White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Chicago Kansas	BIRTHPLACE Rosebery Idaho
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 00 noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wallace L. Johnson
J. A. Gordon
(Physician or Midwife)

Address Rosebery Idaho

Filed Mar 24 1936 Montana J. Ready
M. McGovern Deputy
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

APR 14 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 240901

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. 133-106-00b-713 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Wilbur Allred

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth July 6, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Orville A. Allred	18. Full maiden name Zelma Ann Patton
10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot Idaho
11. Color or race W	12. Age at last birthday 31 (years)	20. Color or race W	21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or country) St. Charles, Idaho	22. Birthplace (city or place) (State or country) Utah Payson
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. On Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. In Own Home
16. Date (month and year) last engaged in this work Still engaged 19.....	17. Total time (years) spent in this work Always	25. Date (month and year) last engaged in this work —, 19.....	26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended~~ know of the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Alta Hansen, ~~M. D.~~
or Aunt, ~~Midwife~~
Address Blackfoot Ida Box 45
Filed 4/14/36, 193.....

Give name added from a supplemental report .....
(Date of)

Registrar. Registrar.

862-ID1-014862

APR 20 1936 RECEIVED

STATE OF IDAHO 241879
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

241879

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Alden Hosmer

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth April 1, 1909, 193..... (Month, Day, Year)

FATHER	MOTHER
9. Full name Andrew Jackson Hosmer	18. Full maiden name Maydelia Alden Hobbs
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa	19. Residence (usual place of abode) (If non-resident, give place and State) Nampa
11. Color or race White 12. Age at last birthday 30 (years)	20. Color or race White 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) New Boston, Michigan	22. Birthplace (city or place) (State or country) Lincoln Co., Nebr.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Physician & Surgeon	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work 6 years	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 P.m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Geo. D. A. Kellogg, M. D.
or ....., Midwife
Address Nampa, Idaho
Filed 4/20/36, 193..... Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

DELAYED

454 226 030 268

241888

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 241888

APR 23 1936 RECEIVED

1. PLACE OF BIRTH

County of Lemhi

City of Salmon

No. _____ St.

Nursing Home-Mary Church

(If born in hospital or institution give name.)

Registration District No. 4 State File No. _____

Prim. Registration District No. 2 1/6 Local Registrar's No. _____

2. FULL NAME OF CHILD Frances Louise Dempsey

3. Sex: female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Legitimate? yes

8. Date of birth Aug. 26, 1909 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: Peter Joseph Dempsey	18. Full maiden name: Martha May Boyd
10. Residence (usual place of abode) (If non-resident, give place and State): Salmon, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Salmon, Idaho
11. Color or race: white; 12. Age at last birthday: 39 (years)	20. Color or race: white; 21. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or country): New Castle, Nebr.	22. Birthplace (city or place) (State or country): Cameron, W. Va.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance Agent	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Insurance Agent
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: his own office	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: my own office
16. Date (month and year) last engaged in this work: December, 1923	25. Date (month and year) last engaged in this work: April, 1936
17. Total time (years) spent in this work: 17	26. Total time (years) spent in this work: 12

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at 3:30 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Murphey A Hammer, M. D.

or Lydia F Hammer, Midwife

Address Salmon, Idaho

Filed Apr. 21, 1936

Clio C. Bellamy
Registrar.

Give name added from a supplemental report _____ (DATE OF)

_____
Registrar.

Nurse- Mrs.Mary Church- deceased.

DELAYED

MAY 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 241905

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of .....
No. Nampa St.
E 7420 19 214 -249
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Catherine Beulah Ogden

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Nov. 19, 1909 193.. (Month, Day, Year)

FATHER

9. Full name: Thomas Ogden

10. Residence (usual place of abode) (If non-resident, give place and State) Sunnyside

11. Color or race White | 12. Age at last birthday 41 (years)

13. Birthplace (city or place) (State or Country) England

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Elsie Burr

19. Residence (usual place of abode) (If non-resident, give place and State) Sunnyside

20. Color or race White | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 10 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mrs Thomas Ogden, ~~M.D.~~
or (Mother), ~~Midwife~~

Address 1015 N. 20th, Boise, Idaho

Give name added from a supplemental report .....
(Date of)

Filed May 11, 1936

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

24-107 029,193

MAY 15 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

241911

CERTIFICATE OF BIRTH

241911

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of LATAH
City of Moscow, Idaho, U.S.A.
No. B Street St.
Gaithers Hospital.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lincoln Emanuel Kaufmann

3. Sex Male

(If plural births) 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature — Full term Yes

7. Legitimate? Yes

8. Date of birth 2-7-1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Emanuel Kaufmann	18. Full maiden name Antonie Louise Willatowski
10. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Idaho, Deceased	19. Residence (usual place of abode) (If non-resident, give place and State) Berkeley, California
11. Color or race White 12. Age at last birthday 44 (years)	20. Color or race White 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or country) Gordonsville, Virginia, U.S.A.	22. Birthplace (city or place) (State or country) Kiel, Germany
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Merchant	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Department store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Still engaged in work 1929	17. Total time (years) spent in this work 20 years
25. Date (month and year) last engaged in this work Still engaged May 1933	26. Total time (years) spent in this work 10 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child) Fourth Child (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation — months or weeks

30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) "Mother", ~~M. D.~~

or Antonie L. Kaufmann, ~~Midwife~~

Address Mother

Filed May 15-36

Give name added from a supplemental report Subscribed and sworn to before me this (Date of) 14th day of May 1936

Blanche M. Yearmans Notary Public Registrar.

302 1 Hillegass Ave. Berkeley, Calif. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs. Grace Dick - Hillegass Ave. - Berkeley - Calif.
Mrs. Nina Moore - Cardillon Hotel, Oakland, Broadway - Calif
Dr. J. Aspray - Spokane, Wash. -
Mr. Paul Leuschel - 114 Bank St., Wallace Idaho.

214 129 84-759

242742

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

242742

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. 607 - 14th Ave So
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ernest Oscar Bauman

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Aug 29, 1909 (Month, Day, Year)

FATHER

9. Full name Oscar Bauman
10. Residence (usual place of abode) Nampa (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or country) Highland Madison Co Ills

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc baker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 18 years

MOTHER

18. Full maiden name Etta May Perrin
19. Residence (usual place of abode) Nampa (If non-resident, give place and State) Idaho
20. Color or race White 21. Age at last birthday 34 (years)
22. Birthplace (city or place) (State or country) Longmont Colo Weld Co

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1st Child
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....
1st child

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Mrs Etta M. Bauman, M.D.
or Mother, Midwife
Address 607-13th Ave So Nampa Idaho
Filed June 9, 1932

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs H. P. Ross
Nampa. Ida.
E. S. Hamaker
1716 2nd So

Dr. O. A. Kellogg.
Nampa. Idaho.

STATE OF IDAHO,
County of Canyon, } ss.

I, J. C. Smith, Clerk of the District Court and Ex-officio Recorder of the County of Canyon, State of Idaho, do hereby certify that the foregoing copy of Register of Birth has been compared by me with the original, and that it is a correct transcript therefrom, and of the whole of such original Register of Birth as the same appears On Record in my office

In TESTIMONY WHEREOF I have hereunto set my hand and affixed my seal this 4th. day of June, 19 36.

J. C. Smith
Clerk of the District Court and Ex-officio Recorder.

By Grace Pfost Deputy

JUL 9 1968

APR 26 1968

236.205 009 655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

243979

1. PLACE OF BIRTH
County of Bonner
City of Hope, Idaho
No. St.
(If born in hospital or institution give name)

JUL 6 1936 RECEIVED

Registration District No. 80 State File No.
Prim. Registration District No. 2157 Local Registrar's No. 8

2. FULL NAME OF CHILD Jessie Lorraine Stone

3. Sex F. | If plural births: 4. Twin, triplet, or other ; 5. Number, in order of birth | 6. Premature ; Full term yes | 7. Legitimate? yes | 8. Date of birth July 5, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Rowland Stone	18. Full maiden name Myrtle L. Fenn
10. Residence (usual place of abode) (If non-resident, give place and State) Hope, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Hope, Ida.
11. Color or race White 12. Age at last birthday 22 (years)	20. Color or race White 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Wisconsin	22. Birthplace (city or place) (State or Country) Wisconsin
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millworker	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work July, 1909	25. Date (month and year) last engaged in this work July, 1909
17. Total time (years) spent in this work 4 yrs.	26. Total time (years) spent in this work 4 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks | 30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Myrtle L. Stone M. D.
or Mother
Address Coeur d'Alene Idaho.
Filed June 10, 1936 Orville Crisp
Registrar.

296 225 - 029-619 AUG 11 1936 RECEIVED 244604

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 244604

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Latah
City of Potlatch
No. Country St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Alice Elizabeth Browning

3. Sex Female

If plural births: 4. ~~Twin, triplet~~, or other X 5. Number, in order of birth 2

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth March 25 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: James Edward Browning	18. Full maiden name: Anna May Wait
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race: white 12. Age at last birthday: 31 (years)	20. Color or race: white 21. Age at last birthday: 20 (years)
13. Birthplace (city or place) (State or country): Missouri	22. Birthplace (city or place) (State or country): Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: his farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home
16. Date (month and year) last engaged in this work: [illegible] 1909	25. Date (month and year) last engaged in this work: March 23 1909
17. Total time (years) spent in this work: three	26. Total time (years) spent in this work: [illegible]

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): two
(a) Born alive and now living: two (b) Born alive but now dead: 0 (c) Stillborn: 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 6 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..... M. D.
or [redacted] Midwife
Address Potlatch

Give name added from a supplemental report August 8, 1936 (Date of)
anna May Browning mother
Registrar.

Filed Aug. 11, 1936
Registrar.

WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one birth a Separate Return must be made for each, and the number of each, in order of birth stated.

APR 8 1970

Mr and Mrs Bert Bell
Potlatch, Idaho

Mr and Mrs Walter A Fiscus
Potlatch, Idaho

Mr and Mrs O. H Mc Call.
Potlatch, Idaho

795-125-019-693

87936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 76 State File No. 246088

Prim. Registration District No. 2153 Local Registrar's No. 473

1. PLACE OF BIRTH
County of Custer
City of Houston
No. Ida. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Jessie Greig

3. Sex Male. | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Oct. 25, 1909 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Hurbert Stanley Greig	18. Full maiden name Nevada Jane Wilcox
10. Residence (usual place of abode) (If non-resident, give place and State) Houston Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Houston Ida
11. Color or race White	12. Age at last birthday 38 (years)	20. Color or race White	21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or country) Columbus Ceylon (E. Indias)	22. Birthplace (city or place) (State or country) Brooks Co. Kansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rope maker	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home work
16. Date (month and year) last engaged in this work ____, 19__	17. Total time (years) spent in this work ____	25. Date (month and year) last engaged in this work ____, 19__	26. Total time (years) spent in this work ____

27. Number of children of this mother (At time of this birth and including this child) (a) 8 Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn ____

28. If stillborn, period of gestation ____ months or weeks | 29. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (BORN ALIVE OR STILLBORN) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Nevada Jane Mays, M. D.
or (Mrs.) ____, Midwife
Address Angokaw Idaho
Filed Sept. 4, 1910 Rose N. Shibada
Registrar.

Give name added from a supplemental report ____ (DATE OF)
Registrar.

Witnessed on back

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

Emma Demuris - Blackfoot Ida -
Bill Lambson Mackay Ida.
Minnie Parker Mackay Ida.

351-220-019-433

246563

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 246563

Registration District No. 76 State File No.

Prim. Registration District No. 2153 Local Registrar's No. 475

1. PLACE OF BIRTH
County of Custer
City of Custer
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edna Evelyne Cearley

3. Sex Female

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term Yes

7. Legitimate? Yes

8. Date of birth Sept. 20, 1908 (Month, Day, Year)

FATHER

9. Full name Edmund LeRoy Cearley

10. Residence (usual place of abode) (If non-resident, give place and State) Custer

11. Color or race White 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or country) Ellis Lemhi Co.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rock Crusher

16. Date (month and year) last engaged in this work Sept. 1913

17. Total time (years) spent in this work 2 yrs

MOTHER

18. Full maiden name Minnie Effie McLevin

19. Residence (usual place of abode) (If non-resident, give place and State) Challis

20. Color or race White 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or country) Hickey Custer Co. Ida.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Cooking

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. H W House ~~Boarding~~

25. Date (month and year) last engaged in this work Dec. 1, 1928

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
None. (a) Born alive and now living (b) ~~Born alive but now dead~~ (c) ~~Stillborn~~

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

(Signed) C. L. Hartley, M. D.

or , Midwife

Address Challis Ida.

Filed Sept. 10, 1928 Rose N. Shibado Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 693-216:00/-693 St.

St. Alphonsus

(If born in hospital or institution give name.)

SEP 22 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

246577

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. 583

2. FULL NAME OF CHILD Mabel Wilson

3. Sex F

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth 2-16-1909, 193..... (Month, Day, Year)

FATHER

9. Full name W. G. Wilson

10. Residence (usual place of abode) (If non-resident, give place and State) Boise

11. Color or race W | 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) OHIO

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HORSEDEALER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Kate Wilson

19. Residence (usual place of abode) (If non-resident, give place and State) same

20. Color or race W | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) Pa.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HW

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) L. P. McCalla, M. D.

or ....., Midwife

Address .....

Filed 1909, 193..... R. Sharp Registrar.

Present 9-21-36

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

363-208-035-297

H 2 246621

SEP 30 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

246621

1. PLACE OF BIRTH
County of Nez Perce
City of Gifford
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Aletha Lee Ann Colt

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth October 8, ~~193~~ 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Earl Isaac Colt	18. Full maiden name: Cleo May Sigman
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race: White | 12. Age at last birthday: 20 (years)	20. Color or race: White | 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or Country): Fredricksburg, Iowa	22. Birthplace (city or place) (State or Country): Clarks, Nebraska
OCCUPATION — 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION — 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 1 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.
or Cleo S. Colt Polzin, mother, ~~Midwife~~
Address 1131 Beacon San Pedro Calif.
Filed Sept. 30, 1936

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

APR 28 1954

Mrs. W. S. Colt (Grandmother)
1516 7th Ave
Lewiston, Idaho

Earl S. Colt (Father)
Box 395
Paso Robles, Calif.

Mrs. Wm. Bartlett
Kiffard, Idaho

866 111 019 391

24-7625

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

OCT 20 1936 RECEIVED

247623

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Custer
City of Challis
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Raymond Charles Howell

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate yes | 8. Date of birth May 11 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles Howell	18. Full maiden name Rosa E. Cranston
10. Residence (usual place of abode) Challis Idaho (If non-resident, give place and State) A boat	19. Residence (usual place of abode) Sawtooth Idaho (If non-resident, give place and State)
11. Color or race W	20. Color or race W
12. Age at last birthday 45 (years)	21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or country) Iowa	22. Birthplace (city or place) (State or country) Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Stage driver	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hansen Co	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Present, 1909	25. Date (month and year) last engaged in this work Present, 1909
17. Total time (years) spent in this work about 10 yrs	26. Total time (years) spent in this work 12-14 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at about 8 - A.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Rosa Cranston Colter, Midwife
Address Mother

Give name added from a supplemental report ..... (Date of)
..... Registrar.

Filed Oct. 20, 1936 ..... Registrar.

Mrs. Daisy G. Brown
Mrs. Della McGuire
Mrs Hale Cameron

255-201 032 693 OCT 29 1936 RECEIVED 247640

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

247640

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of ~~Minidoka~~ Lincoln
City of Hagerman
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Kathryn Wilhelm See

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth January 1, 1909 (Month, Day, Year)

FATHER

9. Full name John Wesley See
10. Residence (usual place of abode) (If non-resident, give place and State) Hagerman Idaho
11. Color or race white | 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or country) Pleasant Hill Nebraska

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Civil Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Government
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Emma Josephine Wilhelm
19. Residence (usual place of abode) (If non-resident, give place and State) Hagerman Idaho
20. Color or race white | 21. Age at last birthday 19 (years)
22. Birthplace (city or place) (State or country) Heppner Morrow Co. Oregon

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 5:30 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.
or X Mrs. Emma See, mother ~~Midwife~~
Address 1567½ W. 37 St. Los Angeles
Filed Oct. 29, 1936 ..... Registrar.

FEB 10 1942

Names of people who knew of birth:

Mrs. C. E. Akins. 382 Commercial St. Astoria Oreg.

Mrs. Carl See 7014 Raymond Court. Portland Oreg.

Mrs. C. F. Yahn. Hynes. California.

618 208026 213

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jefferson
City of Rigby
No. Rural ~~St.~~
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

24 8624

NOV 19 1936 RECEIVED

248624

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Edna Fay

3. Sex F. | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth May 8, 1909 (Month, Day, Year)

9. Full name — FATHER	18. Full maiden name — MOTHER
Joseph W. Fay	Mary Ann Bates
10. Residence (usual place of abode) (If non-resident, give place and State) Rigby	19. Residence (usual place of abode) (If non-resident, give place and State) Rigby
11. Color or race W. | 12. Age at last birthday 35 (years)	20. Color or race W. | 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or country) Albany, Missouri	22. Birthplace (city or place) (State or country) Mt. Vernon, Ohio.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Always, 19 ..... | 17. Total time (years) spent in this work 35	25. Date (month and year) last engaged in this work Always, 19 ..... | 26. Total time (years) spent in this work 33

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth — | Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 4 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ✓ ~~Minnie Parker~~, ~~M. D.~~
or Mary Fay Steer mother, ~~Midwife~~
Address Anaconda Mont.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Nov. 19, 1936 ..... Registrar.

Mrs May Forbush
Mrs Jeff Campbell
Mrs Geo Moore
Mrs Dr Nye

Rigby Idaho

313-106 009 859

248635

NOV 27 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

248638

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bonner
City of Smi-Elne-W Port
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Rex Ferd. M. J. A. Londe

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth April 6, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name William J. A. Londe	18. Full maiden name Ida May Heisner
10. Residence (usual place of abode) (If non-resident, give place and State) Spokane Wash	19. Residence (usual place of abode) (If non-resident, give place and State) Spokane Wash
11. Color or race W. 12. Age at last birthday 44 (years)	20. Color or race W. 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or country) Eau Claire Wisconsin	22. Birthplace (city or place) (State or country) Douglas Co. Wisconsin
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. log scaler	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. saw mill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work still engaged, 19.....	17. Total time (years) spent in this work 25 yrs
25. Date (month and year) last engaged in this work still engaged, 19.....	26. Total time (years) spent in this work 14 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
Five Children. (a) Born alive and now living Five (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Turnbloom, M. D.
or Mrs. Annie Turnbloom, Midwife
Address Tenpence Ariz.
Filed Nov. 13, 1936

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

466-106-040-249

248665

DEC 8 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

248665

1. PLACE OF BIRTH
County of Shoshone
City of Gem
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD James Marion Moody

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term ✓
7. Legitimate? yes
8. Date of birth March 6, 1909 (Month, Day, Year)

FATHER

9. Full name: Marion Francis Moody
10. Residence (usual place of abode) (If non-resident, give place and State): Gem Idaho
11. Color or race: W. | 12. Age at last birthday 48 (years)
13. Birthplace (city or place) (State or country): Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: mill worker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: gold mine
16. Date (month and year) last engaged in this work: March 6, 1909
17. Total time (years) spent in this work: 24

MOTHER

18. Full maiden name: Cynthia Jane Smith
19. Residence (usual place of abode) (If non-resident, give place and State): Gem Idaho
20. Color or race: W. | 21. Age at last birthday 40 (years)
22. Birthplace (city or place) (State or country): Clay County Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: housewife
25. Date (month and year) last engaged in this work: March 6, 1909
26. Total time (years) spent in this work: 6 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 1:45 p.m. on the date above stated.

(Signed) Cynthia J. Moody, ~~M.D.~~
~~or~~ Mother, ~~Midwife~~
Address 710 O'Farrell St. Boise, Idaho
Filed Dec. 8, 1936

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

NOV 29 1941

Persons who knew of the birth:

Mrs Elma Edlund, Long Beach California

Mrs Elizabeth Cathison, Wallace, Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DEC 22 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249710

1. PLACE OF BIRTH
County of Bear Lake
City of Montpelier
No. 713 219 004-414 St.
(If born in hospital or institution give name.)

Registration District No. 52 State File No.
Prim. Registration District No. 2136 Local Registrar's No.

2. FULL NAME OF CHILD Dorothy Esther Pace

3. Sex: Female

If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth

6. Premature; Full term X

7. Legitimate? X

8. Date of birth October 12, 1909 (Month, Day, Year)

FATHER

9. Full name: Claude Clement Pace

10. Residence (usual place of abode) (If non-resident, give place and State): Montpelier

11. Color or race: White 12. Age at last birthday: 28 (years)

13. Birthplace (city or place) (State or country): Amor, Minnesota

OCCUPATION

14. Trade, profession, or particular kind of work done, as owner, sawyer, bookkeeper, etc.: Railroad Conductor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: U.S.L. Railroad

16. Date (month and year) last engaged in this work: still employed, 19

17. Total time (years) spent in this work: 3

MOTHER

18. Full maiden name: Lydia Christine Madison

19. Residence (usual place of abode) (If non-resident, give place and State): Montpelier

20. Color or race: White 21. Age at last birthday: 21 (years)

22. Birthplace (city or place) (State or country): Cheyenne, Wyo.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work: , 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child): two
(a) Born alive and now living 2 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation: months or weeks

30. Cause of stillbirth: Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at full term on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. N. King, M. D.

or Physician, Midwife

Address Montpelier, Idaho

Filed 12/22/36, 193

Registrar.

Give name added from a supplemental report

(Date of)

Registrar.

APR 22 1960

235-20-7744-666

249711

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249711

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. 2 [illegible] St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Doris Frances Steunenberg

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 8/7/1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Julian P. Steunenberg	18. Full maiden name Frances Wood-Steunenberg
10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell Idaho
11. Color or race White	12. Age at last birthday 48 (years)
20. Color or race White	21. Age at last birthday 47 (years)
13. Birthplace (city or place) (State or country) Knoxville Iowa	22. Birthplace (city or place) (State or country) Medical Lake Washington
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Industrial Supt.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laundry	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work 5/23, 1935	17. Total time (years) spent in this work 20
25. Date (month and year) last engaged in this work 5/23, 1935	26. Total time (years) spent in this work 29

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 10 A.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Julian P. Steunenberg father, M. D.
or ..... Midwife

Give name added from a supplemental report .....
(Date of)

Address 245 Alexander Rd Berkeley Cal.

Filed 12/22/36, 193.....

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

References

Mrs. O. Pha Garvin Nurse
c/o 418 Arthur St. Caldwell, Ida

Mrs. Eva B Steinsberger
Selma Oregon

Mrs. F. R. Eastman
4220 Clausen St
Los Angeles Calif

595-730006-912

DEC 23 1936 RECEIVED

249720

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249720

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham
City of Shelley
No. ..... f ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Harry Stewart Nielsen

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Oct. 30, 1909 (Month, Day, Year)

FATHER

9. Full name Carl Emil Nielsen
10. Residence (usual place of abode) Shelley Jefferson County Idaho
(If non-resident, give place and State) .....
11. Color or race W | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) Denmark
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Barber
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work Still active, 1936 | 17. Total time (years) spent in this work 30

MOTHER

18. Full maiden name Agnes Marie Rasmussen
19. Residence (usual place of abode) Shelley Jefferson County Idaho
(If non-resident, give place and State) .....
20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) Denmark
(State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

✓ (Signed) Agnes M. Nielsen (Mother) M. D.
or ~~attended by Mrs. Jennings~~, Midwife
Address ~~Shelley Idaho (Name and)~~

Give name added from a supplemental report .....
(Date of)

Filed 12/23/36, 193.....

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

over

Witnesses

Howard Funnell
Shelby Son of Midwife

J. H. Mallory
Merchant

Ed Johnson or Wife
Shelby

Signed Bert. McLain Father.

Mrs. Agnes M. Nielsen Mother

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

515203042-239

1. PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. R.R. St.

(If born in hospital or institution give name.)

NOV 16 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 24-7788

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ruth Marge VanAusdeln

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Sept 3 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Howard Creighton VanAusdeln	18. Full maiden name June Bell Houghtle
10. Residence (usual place of abode) (If non-resident, give place and State) TWIN FALLS IDAHO	19. Residence (usual place of abode) (If non-resident, give place and State) TWIN FALLS
11. Color or race W. 12. Age at last birthday 60 (years)	20. Color or race W. 21. Age at last birthday 47 (years)
13. Birthplace (city or place) (State or country) McCune Kansas	22. Birthplace (city or place) (State or country) Greenville Ill. Mercer Co. Pennsylvania
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Twin Falls Idaho
16. Date (month and year) last engaged in this work Dec 2, 1934	25. Date (month and year) last engaged in this work Nov 11, 1936
17. Total time (years) spent in this work 10 yrs	26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 7
(a) Born alive and now living 7 (b) Born alive but now dead ..... (c) Stillborn 2

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth Serious fall | Before labor 1 Month | During labor 6 hrs

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 7 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [illegible] VanAusdeln, Mother (Dead) M. D.

or ..... Midwife

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Address 221 N. Maple Newark Ohio

Filed 1/11/37, 193.....

Registrar

Frank Griffith, Filer, Idaho,
Will Winons, Buhl Idaho, R. R.

AUG 13 1971

731-222-035-213

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of No Fesh
No. ..... St. .....
(If born in hospital or institution give name.)

JAN 6 '37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250529

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Loene May Platt

3. Sex Female | If plural births: 4. Twin, triplet, or other X 5. Number, in order of birth X | 6. Premature X Full term ✓ | 7. Legitimate? yes | 8. Date of birth Mar. 22 ~~1903~~ 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Albion Platt	18. Full maiden name Emma Caroline Ballard
10. Residence (usual place of abode) (If non-resident, give place and State) Orsel Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Orsel, Ida
11. Color or race White 12. Age at last birthday 31 (years)	20. Color or race White 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or country) Lemars, Iowa	22. Birthplace (city or place) (State or country) Lawrence, Kan.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as farmer, sawyer, bookkeeper, etc. Rockman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Range livestock	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work March 22 1909	25. Date (month and year) last engaged in this work March 18, 1909
17. Total time (years) spent in this work 13	26. Total time (years) spent in this work 16

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid solution

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn X

29. If stillborn, period of gestation X months or weeks | 30. Cause of stillbirth X | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 10 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Mrs. John A. Platt, M. D.
or Mother, Midwife
Address Clarkston, Wash.
Filed 7/6/37, 193.....
Registrar.

JAN 11 1969

958-217-014-958

JAN 16 1937

250705

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

250705

CERTIFICATE OF BIRTH

[redacted]

1. PLACE OF BIRTH
County of CANYON (PAYETTE)
City of PAYETTE.
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. 4. State File No. .....
Prim. Registration District No. 1008. Local Registrar's No. 3

2. FULL NAME OF CHILD MARIE MALINDA REHLING

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature? No. Full term? Yes
7. Legitimate? Yes
8. Date of birth June 17, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: August C Rehling	18. Full maiden name: Annie S Rehling.
10. Residence (usual place of abode) (If non-resident, give place and State): Weiser, Id.	19. Residence (usual place of abode) (If non-resident, give place and State): Weiser, Id
11. Color or race: W. 12. Age at last birthday: 33 (years)	20. Color or race: W. 21. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or country): Province-Oldenberg Germany	22. Birthplace (city or place) (State or country): Hermitage Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Wife
15. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: August 1909	25. Date (month and year) last engaged in this work: ....., 19.....
17. Total time (years) spent in this work:	26. Total time (years) spent in this work:

THIS CERTIFICATE REPRODUCED FROM MEMORY OF THE FATHER AND MOTHER WHOSE SIGNATURES HERE APPEAR

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Neo-Silvol.
28. Number of children of this mother (At time of this birth and including this child) Anna S Rehling (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11.00 am m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J G Woodward, M. D.
or ....., Midwife
Address PAYETTE, IDAHO.
Filed 1/16/37, 193.
J G Woodward Registrar.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one birth a Separate Return must be made for each, and the number of each, in order of birth stated.

693-130-036-469

RECEIVED
JAN 27 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

251401

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Oneida
City of Samaria
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Milton Morse Williams

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec. 30 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Lewis Williams	18. Full maiden name: Sarah Morse
10. Residence (usual place of abode) (If non-resident, give place and State): Samaria Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Samaria Idaho
11. Color or race: W | 12. Age at last birthday: 34 (years)	20. Color or race: W | 21. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or country): Samaria Idaho	22. Birthplace (city or place) (State or country): Samaria Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 0

28. Number of children of this mother (At time of this birth and including this child) 8
(a) Born alive and now living 5 (b) Born alive but now dead 3 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Sarah M. Williams, Mother M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed JAN 27 1937, 193..... ..... Registrar.

Persons Knowing of this Birth:

1. Mrs H. W. Jones - R. F. D. #1, Malad Idaho
2. Mrs. Emma Price Samaria, Idaho
3. William E Morse, Samaria, Idaho

MAY 16 1945

236-78-640-466

RECEIVED FEB 2 - 1937

PLACE OF BIRTH

County of Shoshone

City of Larson

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

251436

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Irene Wilma Scott

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin / Triplet / or other? (To be answered only in event of plural births) { and } Number in order of birth | Legitimate? Yes | Date of birth March 8, 1909 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth two (a) Born alive and now living two

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME David Rascoe Scott	FULL MAIDEN NAME Anna Downs
Residence (Usual place of abode) Larson	Residence (Usual place of abode) Larson
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last birthday 32 (Years)	Color or race White Age at last birthday 32 (Years)
Birthplace Birmingham, Iowa (City and State or County)	Birthplace Davenport, Iowa (City and State or County)
Occupation Stationary Engineer	Occupation Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) F W Rolfs MD

(Physician or midwife)

Address Mullan Ida

Filed 2/2/37 19..... Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WITH UNFADING INK—THIS IS A PERMANENT RECORD
—of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-127-00-295

RECEIVED
FEB 17 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

251550

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of ~~[illegible]~~
No. Near Star St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Harold Frank Beauchamp

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Jan. 27, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Belus Douglas Beauchamp	18. Full maiden name Mae Brishears
10. Residence (usual place of abode) (If non-resident, give place and State) Star	19. Residence (usual place of abode) (If non-resident, give place and State) Star Idaho
11. Color or race white 12. Age at last birthday 25 (years)	20. Color or race white 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or country) Pulaski Iowa Davis Co.	22. Birthplace (city or place) (State or country) Near Caldwell Canyon Co. Idaho
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housework
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housework
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work all time, 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work full time

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living yes (b) Born alive but now dead no (c) Stillborn no

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... P. m. on the date above stated.

(Signed) L. J. Miller, M. D.

or ..... ~~Midwife~~

Address Long Beach Calif. 710 Security

Filed ....., 193..... .....
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

FEB 17 1937

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

252110

MAR 9 - 1937

Registration District No. 32 State File No.

Prim. Registration District No. 1950 Local Registrar's No. 31

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 863-102-028-553 St.
(If born in hospital or institution give name)

2. FULL NAME OF CHILD John Melvin Holmbo.

3. Sex M

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth May 2, 1909 (Month, Day, Year)

FATHER

9. Full name Carl Holmbo

10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene

11. Color or race White 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Norway

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Grader

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saw Mill

16. Date (month and year) last engaged in this work May 2, 1909

17. Total time (years) spent in this work Don't Know

MOTHER

18. Full maiden name Helen Nelson

19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene Ida

20. Color or race White 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Norway.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work May 2, 1909

26. Total time (years) spent in this work ~~[illegible]~~ Five Years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 5% Argyrol

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Wood, M. D.

or ....., Midwife

Address Coeur d'Alene, Ida.

Filed Feb. 24, 1937 F. F. Fanning, M.D.
Registrar.

Give name added from a supplemental report .....

(Date of)

Registrar.

dup of 1909-350060

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated

1. PLACE OF BIRTH

County of Nez Perce, Idaho. 619-222 035-362

City of Lewiston

No. 330-4th ave St.

Sxt Josephs Hospital

(If born in hospital or institution give name.)

RECEIVED APR 8 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

253288

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Virginia Ward

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? Yes

8. Date of birth March 22 1909 (Month, Day, Year)

FATHER

9. Full name Theron Sheridan Ward

10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston, Ida

11. Color or race white 12. Age at last birthday 44 (years)

13. Birthplace (city or place) (State or Country) St. Louis, Mo.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bank & Store

16. Date (month and year) last engaged in this work March 22 1909 19..

17. Total time (years) spent in this work 23

MOTHER

18. Full maiden name Cora Elva Coburn

19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston, Ida

20. Color or race white 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) Lewiston, Ida

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work March 22 1909 19..

26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? usual

28. Number of children of this mother two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 11P m. on the date above stated. is dead

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Theron S Ward, M. D.

or Father, Midwife

Address 330-4th ave., Lewiston, Idaho.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed ....., 193.. .....

APR 8 1937

Registrar.

Mrs Flora Sears,
Lewiston,Idaho.
Phillip Weisgerber,
Lewiston,Idaho.
Mrs Harry Lydon,
Lewiston,Idaho.

897-207 001 796

RECEIVED
APR 16 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

253491

CERTIFICATE OF BIRTH

253491

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. N Sixth St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lora Maxine Higgins

3. Sex F

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth April 7, 1937 (Month, Day, Year)

9. Full name FATHER Paul J. Higgins

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida.

11. Color or race White 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or country) New Richmond Wisc.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

18. Full maiden name MOTHER Dollie L. Propper

19. Residence (usual place of abode) (If non-resident, give place and State) Nampa Ida.

20. Color or race White 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or country) Weiser Idaho.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) ....., M. D.
or Napier Gaulay, Phys.
Address 309 Main St. Boise Idaho

Filed ....., 193.....
Registrar.

APR 16 1937

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

433121-035695

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Nez Perce [redacted]

City of [redacted] Nezperce Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 19 1937

CERTIFICATE OF BIRTH 253500

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ira McLahill

3. Sex Male

If plural births: 4. Twin, triplet, or other Twin; 5. Number, in order of birth 1

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Dec. 21, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name John R. McLahill Sr.	18. Full maiden name Fannie E. Fiske
10. Residence (usual place of abode) (If non-resident, give place and State) Nez Perce	19. Residence (usual place of abode) (If non-resident, give place and State) Nez Perce
11. Color or race White 12. Age at last birthday [redacted] (years)	20. Color or race White 21. Age at last birthday [redacted] (years)
13. Birthplace (city or place) (State or Country) Pro Iowa	22. Birthplace (city or place) (State or Country) Waterloo Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Apr. 15, 1937	25. Date (month and year) last engaged in this work Apr. 15, 1937
17. Total time (years) spent in this work 55	26. Total time (years) spent in this work 40

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ~~[illegible]~~ M. D.
or John R. McLahill Father ~~Midwife~~
Address Rt. 1 Box 83 Reedley

Give name added from a supplemental report .....
(Date of)

Filed APR 19 1937, 193.... Registrar.

Registrar.

Charles F. Thomas Nezperceda
James T. Stanton " "
P. M. Harding "

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Nez Perce

City of [redacted] Nez Perce

No. 433 221 035 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 19 1937

Registration District No. ..... State File No. 253501

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Irene McLakill

3. Sex Female

If plural births { 4. Twin, triplet, or other Twin
5. Number, in order of birth 2

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Dec. 21, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name John R. McLakill	18. Full maiden name Fannie E. Fike
10. Residence (usual place of abode) (If non-resident, give place and State) Nez Perce	19. Residence (usual place of abode) (If non-resident, give place and State) Nez Perce
11. Color or race White 12. Age at last birthday 70 (years)	20. Color or race White 21. Age at last birthday 57 (years)
13. Birthplace (city or place) (State or Country) Prairie Iowa	22. Birthplace (city or place) (State or Country) Waterloo Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Apr. 15, 1937	25. Date (month and year) last engaged in this work Apr. 15, 1937
17. Total time (years) spent in this work 55	26. Total time (years) spent in this work 40

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — { months or weeks

30. Cause of stillbirth — { Before labor —
During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ~~[illegible]~~ ..... M. D.
or John R. McLakill Father ~~or Midwife~~
Address Rt. 1 Box 83 Reedley Cal.

Filed ....., 193.... .....

APR 19 1937

Registrar.

Charles F. Thomas Nyfera Ida "
James T. Stuston " "
P. M. Harding "

359-228-029-719

W 35 18

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

253518

APR 27 1937

1. PLACE OF BIRTH
County of Oneida
City of Freeze
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 65 State File No. .....
Prim. Registration District No. 2145 Local Registrar's No. .....

2. FULL NAME OF CHILD Sadie May Leistner

3. Sex Female

If plural births { 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature — Full term yes

7. Legitimate? yes

8. Date of birth May 28 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Franz Max Leistner	18. Full maiden name Velda Lee Parsons
10. Residence (usual place of abode) (If non-resident, give place and State) Freeze	19. Residence (usual place of abode) (If non-resident, give place and State) Freeze
11. Color or race White 12. Age at last birthday 26 (years)	20. Color or race White 21. Age at last birthday [illegible] (years)
13. Birthplace (city or place) (State or Country) Minnesota	22. Birthplace (city or place) (State or Country) Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work May, 1909	25. Date (month and year) last engaged in this work May, 1909
17. Total time (years) spent in this work	26. Total time (years) spent in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) W S Dart, M. D.

or ....., Midwife

Address Palouse Wash

Filed April 20th, 1937 J. Jr. Thompson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

The record just received states the father was 14 yers. of age. We have made the certified copy to read just exactly as the one sent in is this correct? If not, return the certified copy and correction will be made.

Bureau of Vital Statistics

These ages are just reversed.
mother was 14 - + father 26
Kindly change
J M Thompson

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 1600 Grove St.

553 115 001 814

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

253519

APR 27 1937

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arthur M. Nelson

3. Sex M.

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? yes

8. Date of birth 4-15-, 1909 (Month, Day, Year)

FATHER

9. Full name Magnus Nelson - Skoor

10. Residence (usual place of abode) (If non-resident, give place and State) Boise

11. Color or race White | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) Bergen (State or Country) Norway

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ——

16. Date (month and year) last engaged in this work ——, 19..

17. Total time (years) spent in this work ——

MOTHER

18. Full maiden name Maggie Hauski

19. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho

20. Color or race W | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) Stavger (State or Country) Norway

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20 %

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. Calloway, M. D.

or ....., Midwife

Address Boise Idaho

Give name added from a supplemental report .....

(Date of)

Filed APR 27 1937, 193..

Registrar.

Registrar.

693-120 001 217

RECEIVED

APR 27 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

253521

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Idaho

City or P.O. Westlake

No. ..... St. .....

(If born in hospital or institution give name)

2. FULL NAME OF CHILD Glenn Willis

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Nov. 20, 1907 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Willis	18. Full maiden name Mary Ellen Sager
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Co	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Co.
11. Color or race White | 12. Age at last birthday ~~[illegible]~~ (years)	20. Color or race White | 21. Age at last birthday ~~[illegible]~~ 30 (years)
13. Birthplace (city or place) (State or Country) near Bishop Auckland England	22. Birthplace (city or place) (State or Country) Colfax Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home.
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks | 30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mary Ellen Willis. Mother ~~[illegible]~~

or ....., Midwife

Present Address Lenore Idaho.

Give name added from a supplemental report .....
(Date of)

Filed ....., 193.....

Registrar. APR 27 1937 Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Harvey Parsley
Present address
Asotin Washington

Charles Hauntz
Present address
Grangeville Idaho.

Myrtle (Norton) Cooper
Present address ~~believed to be Craigmont Idaho.~~
is
Westlake Idaho. ~~R.F.D.~~

Miss Norton was
house keeper and helped
take care of baby.
Have just learned of her
whereabouts this week.

029-205 042-5345

253536

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

253536

MAY 8 - 1937

1. PLACE OF BIRTH
County of (Twin Falls, Idaho) [redacted]
City of (Buhl) [redacted]
No. (Ninth street) Ninth St.
Born at residence of parents
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD (Evelyn May White) [redacted]

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth (May 5th, 1909) (Month, Day, Year)

FATHER

9. Full name (John Warren White) [redacted]

10. Residence (usual place of abode) (If non-resident, give place and State) Buhl, Idaho

11. Color or race White

12. Age at last birthday [redacted] (years)

13. Birthplace (city or place) (State or Country) Brown Co. Nebraska

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper publisher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Buhl Pioneer (newspaper)

16. Date (month and year) last engaged in this work May 5, 1937

17. Total time (years) spent in this work 34

MOTHER

18. Full maiden name (Lennie May Eden) [redacted]

19. Residence (usual place of abode) (If non-resident, give place and State) Buhl, Idaho

20. Color or race White

21. Age at last birthday [redacted] (years)

22. Birthplace (city or place) (State or Country) Hamlin Lincoln Co. West Virginia

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Newspaper Reporting and Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work May 5 1937

26. Total time (years) spent in this work 32 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? [redacted]

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living Yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 9 o'clock p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report John Warren White Father
(Date of)

(Signed) Mrs. John Warren White, Mother, M. D.
or ..... Midwife
Address Hollis, Okla. Box 652

Filed MAY 8 - 1937, 193.....

Registrar.

Registrar.

Over - for further information

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

This certificate filled out by Mrs. John Warren White mother of Evelyn May White on May 5, 1937

DEC 7 1945

No. 12 — John Warren White, father was 31 years of age at time of Evelyn May White's birth, May 5, 1909

No 21. — (Fennie May Eden) Mrs. John Warren White, mother was 24 years of age at time of Evelyn's birth on May 5, 1909.

No. 10 and 19: — Our place of residence is now at Hollis Okla-homa. At the time of Evelyn's birth we lived at Buhl, Idaho, Twin Falls County.

No. 27. The attending physician, Dr. A. J. McClurkey, used the required prophylactic. He is now dead — having died in the fall of 1928 at Buhl, Idaho.

Three persons who knew of birth: Mrs. J. H. Shields, Buhl, Idaho
Mrs. Fred J. Bacon, 435 3rd Ave North Twin Falls, Idaho.
Mrs. A. J. McClurkey, Buhl, Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAY 13 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

254101

1. PLACE OF BIRTH
County of Idaho
City of Kooskia
No. 453-206-025-293 St.
(If born in hospital or institution give name.)

Registration District No. 106 State File No.
Prim. Registration District No. 2184 Local Registrar's No. 50

2. FULL NAME OF CHILD Lulu Ellen Flecker

3. Sex girl | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term yes | 7. Legitimate? yes | 8. Date of birth Dec. 6, 1916 (Month, Day, Year)

FATHER	MOTHER
9. Full name Geo. W. Flecker	18. Full maiden name Lulu E. Billups
10. Residence (usual place of abode) (If non-resident, give place and State) Kooskia Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Kooskia Ida.
11. Color or race white 12. Age at last birthday 35 (years)	20. Color or race white 21. Age at last birthday 22 (years)
13. Birthplace (city or place) Cass County (State or country) Michigan	22. Birthplace (city or place) Sumner County (State or country) Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc packer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. N. P. Railroad Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Dec., 1929	25. Date (month and year) last engaged in this work ..., 19....
17. Total time (years) spent in this work 6 months	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks | 30. Cause of stillbirth | Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 12 p m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A F Wohlenberg, M. D.
or ..., Midwife
Address Kooskia, Idaho

Give name added from a supplemental report
(Date of)
Registrar.

Filed May 6, 1937 J M Kubinkuno
Registrar.

813 102 043 189

RECEIVED
JUN 2 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

254505

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Valley
City of Vanwyck
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lester Walter Hall

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth June 2, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Cecil Boyd Hall	18. Full maiden name: Ida Elizabeth Ayres
10. Residence (usual place of abode) (If non-resident, give place and State) Vanwyck	19. Residence (usual place of abode) (If non-resident, give place and State) Vanwyck
11. Color or race W	20. Color or race W
12. Age at last birthday 24 (years)	21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Desota, Iowa	22. Birthplace (city or place) (State or Country) Star, Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..	25. Date (month and year) last engaged in this work ....., 19..
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother, (At time of this birth and including this child) 1
(a) Born alive and now living 1. (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 6 A. (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ..... M.D.
or ..... Midwife
Address Midwife

Give name added from a supplemental report Margaret H Worthington (Date of)

Filed ....., 193..

Registrar. JUN 2 - 1937 Registrar.

294-117-037-791

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

256286

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Owyhee

City of Bruneau

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Richard Roberts Simmers

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth July 17, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Thomas W. Simmers	18. Full maiden name Grace L. Grayson
10. Residence (usual place of abode) (If non-resident, give place and State) Bruneau	19. Residence (usual place of abode) (If non-resident, give place and State) Bruneau
11. Color or race W | 12. Age at last birthday 34 (years)	20. Color or race W | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Pennsylvania	22. Birthplace (city or place) (State or Country) Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Thomas W. Simmers Father, M.D.

or ....., Midwife

Address 1021 Hayes St.

Filed June 25, 1937

Subscribed and sworn to before me ..... day of ....., 19..

State Registrar

Registrar.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1 copy issued 10/25/40 L.B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

87-123-001-669

W6440

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

256440

JUL 24 1937

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. **PLACE OF BIRTH**
County of Ada -
City of Boise
No. 1402 No 14 — St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Wilbur Owings Hogue.

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? YES | 8. Date of birth Sept 23 1909 (Month, Day, Year)

FATHER

9. Full name Gilbert Hamilton Hogue.
10. Residence (usual place of abode) (If non-resident, give place and State) 1402 No 14
11. Color or race W | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Mo —

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Carrie Elizabeth Owings.
19. Residence (usual place of abode) (If non-resident, give place and State) 1402 No 14 —
20. Color or race W | 21. Age at last birthday 35 (years)
22. Birthplace (city or place) (State or Country) Md —

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. H. W.
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11.45 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Fred Boeck, M. D.
or ....., Midwife
Address Boise Ida
Filed JUL 26 1937, 193....
Registrar.

713-103-026-168

RECEIVED JUL 28 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

256446

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Jefferson

City of Lorenzo

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD William J Galbraith

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth May 3, 1909 (Month, Day, Year)

FATHER

9. Full name Christopher Layton Galbraith

10. Residence (usual place of abode) (If non-resident, give place and State) Lorenzo Idaho

11. Color or race White | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Kaysville, Utah Davis County

OCCUPATION

14. ~~Trade, profession, or particular~~ kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grocery.

16. Date (month and year) last engaged in this work May 3, 1909

17. Total time (years) spent in this work 3 1/2 yrs

MOTHER

18. Full maiden name Mary Hera Johnson

19. Residence (usual place of abode) (If non-resident, give place and State) Lorenzo Idaho

20. Color or race White | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Johnson King County, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work May 3, 1909

26. Total time (years) spent in this work Life.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 8 (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 10 A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) C. L. Galbraith Father, M. D.

or ....., Midwife

Address Lorenzo Idaho

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed May 5, 1909

JUL 28 1937

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Weber } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

C L Galbraith being first duly sworn says that he is the Father of William J Galbraith
(Relationship of child)*

born May 31-1909 at Lorenzo, Idaho,
(Date of Birth)

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said William J Galbraith ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Tucker M. D. was the ~~Midwife~~ medical attendant at the birth of said William J Galbraith and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant C L Galbraith
P. O. Address 2903 Wash Ave Ogden, Utah

Subscribed and sworn to before me this 7 day of July, 19.37

[illegible] Notary Public.

Residing at Ogden Utah, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

493.130-001-453

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 144 E. Jefferson St., St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

256476

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Kenneth Andrew Dick

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth Jan. 30, 1909 (Month, Day, Year)

FATHER

9. Full name: Herman J. Dick

10. Residence (usual place of abode) (If non-resident, give place and State): Boise, Ida

11. Color or race: W | 12. Age at last birthday: 28 (years)

13. Birthplace (city or place) (State or Country): Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Banker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: .....

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Gertrude Mellen

19. Residence (usual place of abode) (If non-resident, give place and State): Boise, Ida.

20. Color or race: W | 21. Age at last birthday: 24 (years)

22. Birthplace (city or place) (State or Country): Nevada

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: .....

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born Aug. 9, 1937 at 8.30 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

Subscribed and sworn to before me this 9th day of Aug. 1937 Pearl Dillingham State Registrar

(Signed) Gertrude M. Dick mother

or ..... Midwife

Address Mountain Home Idaho

Filed Aug. 9, 1937 Pearl Dillingham State Registrar.

766-228-014-815

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 256919

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Cora Alice Goodloe

3. Sex F

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Dec. 28 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Daniel C. Goodloe	18. Full maiden name Mary Hannah
10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell, Ida.
11. Color or race W | 12. Age at last birthday 45 (years)	20. Color or race W | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Missouri	22. Birthplace (city or place) (State or Country) Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 10 A. (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....

(Signed) Mary E. Goodloe (Mother), M. D.
or ..... Midwife
Address Caldwell, Idaho
Subscribed and sworn to before me this 13th day of Aug. 1937

(Date of) .....
Registrar.

Filed 8/11, 1937 Pearl Dillingham
State Registrar
Registrar.

A 295-208-029-863

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Troy, Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 19 1937

Registration District No. ..... State File No. 257522

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Margarete Mildy Kreisher

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth June 8, 1909 (Month, Day, Year)

9. Full name (FATHER): Z. I. Kreisher

10. Residence (usual place of abode) (If non-resident, give place and State) ~~Seattle, Wash.~~

11. Color or race: white | 12. Age at last birthday ~~69~~ 71 (years)

13. Birthplace (city or place) (State or Country): Indiana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer, bookkeeper, etc.~~: Contractor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

18. Full maiden name (MOTHER): Minnie (Yockey) ~~Kreisher~~ ~~(Deceased)~~

19. Residence (usual place of abode) (If non-resident, give place and State) ~~Seattle, Wash.~~

20. Color or race: white | 21. Age at last birthday ~~52~~ 57 (years)

22. Birthplace (city or place) (State or Country): Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? XXXXXX

28. Number of children of this mother (At time of this birth and including this child): Seven
(a) Born alive and now living 6 (b) Born alive but now dead ..... (c) Stillborn 1

29. If stillborn, period of gestation XXXX months or weeks XX

30. Cause of stillbirth XXX — Before labor XXXX; During labor XXXXX

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed AUG 19 1937, 193.....

Registrar.

Then there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report .....
(Date of)

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mr. Z. I. Kreisher being first duly sworn says that he is the Father of Margarete Mildy Kreisher
(Relationship of child)*

born June 8, 1909 at Troy, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mr. Z. I. Kreisher desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate ~~of birth of~~ the said Margarete Mildy Kreisher hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Gritman M. D. was the Midwife medical attendant at the birth of said Margarete Mildy Kreisher and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Zen L. Kreisher

P. O. Address 915 Queen Anne Ave., Seattle, Wash.

Subscribed and sworn to before me this 17th day of August, 1937

Floyd Hunning
Notary Public.

Residing at Seattle Washington, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

219 115 035 249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. 15th and G. St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 11 1937

CERTIFICATE OF BIRTH

Registration District No. 1009 State File No. 258331
Prim. Registration District No. 96 Local Registrar's No.

2. FULL NAME OF CHILD Daniel Oscar Barnes

3. Sex M | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term Yes | 7. Legitimate? Yes | 8. Date of birth Sept 15, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Daniel M. D. M. Barnes	18. Full maiden name Dora Smith
10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston	19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston
11. Color or race W 12. Age at last birthday 46 (years)	20. Color or race W 21. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or Country) Illinois	22. Birthplace (city or place) (State or Country) Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work Present, 19	25. Date (month and year) last engaged in this work Present, 19
17. Total time (years) spent in this work —	26. Total time (years) spent in this work 27

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 5 (At time of this birth and including this child) 5
(a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 2 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Mrs. F. N. Williams, Midwife
Address Lewiston Ida. Star Route

Give name added from a supplemental report
(Date of)
Registrar.

Filed Aug. 23, 1937 M H Cooley
Registrar.

A F F I D A V I T

STATE OF IDAHO,)
County of Nez Perce) ss.

RECEIVED
SEP 11 1937

Mrs. Nora Barnes, being first duly sworn upon oath deposes and says; that she is the mother of Daniel Oscar Barnes, whose record of birth was registered with the State of Idaho on the 15th day of September 1909; that error was committed in said record in that, sex was given as female

That said record of birth should be corrected in the following particulars sex should be male

Nora Barnes

Subscribed and sworn to before me this 23. day of August., 1937.

Philip Hengeveld
CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER
Notary Public for the State of Idaho
Residing at Lewiston, Idaho

- - - - - - -

STATE OF IDAHO)
County of Nez Perce,) ss

Bertha Mark., being first duly sworn upon oath deposes and says; that she. is well acquainted with the person named in the above. record mentioned in the foregoing affidavit and with the ultimate facts therein set forth; that she. has read the same and states on oath that the facts therein stated are true.

Bertha Mark

Subscribed and sworn to before me this 23 day of August., 1937.

Philip Hengeveld
CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER
Notary Public for the State of Idaho
Residing at _____, Idaho

MAY 1 1961
OCT 27 1976
JAN 26 1955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of twins or triplets, one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

258562

OCT 2 - 1937

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Boise
City of Van Wyck
No. A 612-106 008 '419 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD JOSEPH DONALD WASHBURN

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth May 6, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Joseph Hiram Washburn	18. Full maiden name: Arty May Martin
10. Residence (usual place of abode) (If non-resident, give place and State): Van Wyck, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Van Wyck, Ida.
11. Color or race: White | 12. Age at last birthday: 37 (years)	20. Color or race: White | 21. Age at last birthday: 28 (years)
13. Birthplace (city or place): Allen County, (State or Country): Kansas	22. Birthplace (city or place): (Hickory) Burke County (State or Country): North Carolina
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: May, 1909	25. Date (month and year) last engaged in this work: May, 1909
17. Total time (years) spent in this work: 6 years	26. Total time (years) spent in this work: 6 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report May Washburn (Date of)

Registrar.

Filed OCT 2 - 1937, 193.... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Clark } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

May Washburn (Arty May Martin Washburn) being first duly sworn says that she is the mother (Relationship of child)* of Joseph Donald Washburn

born May 6, 1909 (Date of birth) at Van Wyck, Idaho,

whose certificate of birth is hereto attached, and that May Washburn desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Joseph Donald Washburn

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that "Grandma Coonrod (deceased) ~~M. D.~~ Midwife was the medical attendant at the birth of said Joseph Donald Washburn and that the said medical attendant is

(Now deceased (or) cannot be located)

Name of Affiant May Washburn

P. O. Address 1114 Ingals Street, Vancouver, Wash.

Subscribed and sworn to before me this 29 day of September, 1937

Jessie W Gordon
Notary Public.

Residing at Vancouver Wn, ~~Idaho.~~

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A515 709 028 1365

RECEIVED
OCT 20 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

259557

CERTIFICATE OF BIRTH

259557

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Lake Creek

No. General Delivery St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Dean George Nance

3. Sex Male

If plural births 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature Full term Yes

7. Legitimate? yes

8. Date of birth Nov. 9, 1909 (Month, Day, Year)

FATHER

9. Full name Green Gortney Nance

10. Residence (usual place of abode) (If non-resident, give place and State) Lake Creek

11. Color or race White **12. Age at last birthday** ..... (years)

13. Birthplace (city or place) (State or Country) North Carolina

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work Nov. 9, 1909

17. Total time (years) spent in this work 13

MOTHER

18. Full maiden name Vera Iduma Love

19. Residence (usual place of abode) (If non-resident, give place and State) Lake Creek

20. Color or race White **21. Age at last birthday** 29 (years)

22. Birthplace (city or place) (State or Country) North Carolina

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work Nov. 9, 1909

26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed OCT 20 1937, 193.... .....

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of WASHINGTON
County of Clark } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

We, Green Gortney Nance and Vina Nance being first duly sworn say~~s~~ that we are ~~xxxx~~ the parents of Ivan George Nance
(Relationship of child)*

born November 9, 1909 at Lake Creek, Kootenai County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that We desire~~s~~ to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ivan George Nance

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr Goul M. D. was the ~~Midwife~~ medical attendant at the birth of said Ivan George Nance and that the said medical attendant is deceased
(Now ~~deceased~~ (or) cannot be located)

his mark Green Gortney Nance

Name of Affiant Vina M Nance

P. O. Address Rt. 2, Box 147, Vancouver, Washington

Subscribed and sworn to before me this 18th day of October, 1937

Ida O Elwell
Notary Public.

Residing at Vancouver, Washington, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

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RECEIVED
NOV 1 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259587

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lewis
City of Reubens, Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD James Hector Bonnalie

3. Sex male
If plural births { 4. Twin, triplet, or other Twin
5. Number, in order of birth One
6. Premature ..... Full term .....
7. Legitimate? .....
8. Date of birth Aug 14 1909 (Month, Day, Year)

FATHER

9. Full name Torrence Andrew Bonnalie
10. Residence (usual place of abode) (If non-resident, give place and State) Reubens Idaho
11. Color or race Irish | 12. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or Country) Ontario Canada

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work Aug 1 1909
17. Total time (years) spent in this work One year

MOTHER

18. Full maiden name ~~Helen~~ Ellen Victoria Ferguson
19. Residence (usual place of abode) (If non-resident, give place and State) Reubens Idaho
20. ~~Color~~ or race Scotch | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or Country) Manitoba Canada

OCCUPATION
23. Trade, profession, or particular kind ~~of work done, as~~ housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work Up to date
26. Total time (years) spent in this work Lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 3 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Aug 14 — 1909 at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) George Gaignard (deceased), M. D.
or By Mrs George Gaignard (assistant), Midwife
Address Cataldeace Idaho
Filed Nov 1, 1937

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
..... Registrar.

Registrar.

313-110035-313

25-9615

RECEIVED NOV. 10 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 259615

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce
City of on lower end Potlatch Ridge
No. on R.F.D Route #1 St. Juliaetta
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Charles Newton Talbott

3. Sex male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2nd

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Oct 10, 1909 (Month, Day, Year)

FATHER

9. Full name Earl Talbott

10. Residence (usual place of abode) RF D 1 - Juliaetta
(If non-resident, give place and State) .....

11. Color or race white 12. Age at last birthday 24 (years)

13. Birthplace (city or place) .....
(State or Country) W. Va.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Viva Keys Talbott

19. Residence (usual place of abode)
(If non-resident, give place and State) Same as others

20. Color or race white 21. Age at last birthday 27 (years)

22. Birthplace (city or place) .....
(State or Country) W. Va.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Earl Talbott, ~~M.D.~~
or Viva Keys Talbott, ~~Midwife~~

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed NOV 10 1937, 193.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Montana
County of Cascade } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Earl Talbott, Viena Teyo Talbott being first duly sworn says that They are the Parents of Charles Newton Talbott
(Relationship of child)*
born on Pollatch Ridge, Idaho at P.O. R 7 W # 1. Julietta, Idaho,
(Date of birth) Born Oct. 10-1909
whose certificate of birth is hereto attached, and that they desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Charles Newton Talbott hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Stoneburner, of Leland, Idaho M. D. was the Midwife medical attendant at the birth of said Charles Newton Talbott and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Earl Talbott
P. O. Address 1521-7 ave N. Great Falls, Mont.

Subscribed and sworn to before me this 8th day of November, 1937

J. J. Wrenthner
NOTARY PUBLIC for the State of Montana
Residing at Great Falls, Montana
My Commission Expires March 16, 1938
Notary Public.
Residing at ....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Garwood
No. A664 226 028 766 St.
(If born in hospital or institution give name.)

RECEIVED NOV 15 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

W 76 22

Registration District No. ..... State File No. 259622
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lucy Ella Fountain

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? Yes | 8. Date of birth June 26, 1909 (Month, Day, Year)

FATHER

9. Full name ALBERT EMSLEY Fountain
10. Residence (usual place of abode) (If non-resident, give place and State) Garwood, Idaho
11. Color or race White | 12. Age at last birthday 39 (years)
13. Birthplace (city or place) Lone Tree, Iowa (State or Country) Johnson County

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Alice Jennie ~~Fountain~~ Goodrich
19. Residence (usual place of abode) (If non-resident, give place and State) Garwood, Idaho
20. Color or race White | 21. Age at last birthday 31 (years)
22. Birthplace (city or place) Becker, Minn. (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 7 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed NOV 15 1937, 193.....
Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Albert Emsley Fountain being first duly sworn says that she is the mother of Lucy Ella Fountain
(Relationship of child)*

born June 26, 1909 at Garwood, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Lucy Ella Fountain desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lucy Ella Fountain hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Van Molten ~~M. D.~~ was the Midwife medical attendant at the birth of said Lucy Ella Fountain and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Mrs Albert Emsley Fountain
P. O. Address Rt 1 Hayden Lake Idaho

Subscribed and sworn to before me this 10th day of November, 1937.

[illegible]
Notary Public.

Residing at Rathdrum, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE 260590
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

260590

1. PLACE OF BIRTH
County of Idaho
City of Clear Water
No. 962-113-025-962 St. NOV 17 1937
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Wesley Merl Robbins

3. Sex boy | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth April 13, 1909 (Month, Day, Year)

FATHER

9. Full name James Ernest Robbins
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race white | 12. Age at last birthday 36 (years)
13. Birthplace (city or place) Missouri (State or Country) Cooper County USA

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 8 years

MOTHER

18. Full maiden name Grace Ethel Robbins
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race white | 21. Age at last birthday 18 (years)
22. Birthplace (city or place) Walla Walla (State or Country) Washington U.S.A.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother two (At time of this birth and including this child) 2
(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 5 a. m. on the date above stated.

(Signed) Mrs J. E. Robbins mother, ~~M. D.~~
or ....., Midwife
Address Clear Water Idaho

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed NOV 17 1937, 193.... ..... Registrar.

Mrs Ella M. Tweedy
Kooskia Idaho
U. S. A.

Mrs John Godwin
Kooskia Idaho
U. S. A.

Mr Francis Tweedy
Kooskia Idaho
U. S. A

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Idaho } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs J. E. Robbins being first duly sworn says that she is the mother (Relationship of child)* of Wesley Pearle Robbins born April 13th 1909 (Date of birth) at Clearwater, Idaho, whose certificate of birth is hereto attached, and that Mrs J. E. Robbins desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Wesley Pearle Robbins hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. Busey (now deceased) M. D. was the ~~Midwife~~ medical attendant at the birth of said Wesley Pearle Robbins and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

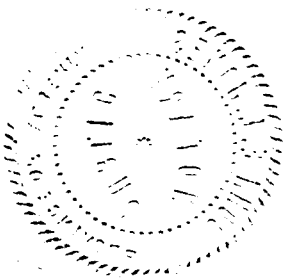
Name of Affiant Mrs J. E. Robbins
P. O. Address Weldon - Alta

Subscribed and sworn to before me this 18th day of December 1937

John E. R. Jones
Notary Public.
Residing at Dangando - Alta ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission expires December 31st 1937



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

#260624

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

260624

1. PLACE OF BIRTH
County of Franklin
City of Franklin
No. ..... St.
(If born in hospital or institution give name.)

Copy 366-219-021-449

JUN 3 - 1937

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Evelyn Eliza Lowe

3. Sex Female
If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term X
7. Legitimate? Yes
8. Date of birth Nov 19 1909 (Month, Day, Year)

FATHER

9. Full name Reuben D. Lowe
10. Residence (usual place of abode) (If non-resident, give place and State) Franklin Idaho
11. Color or race W
12. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Franklin Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Annie Durrant
19. Residence (usual place of abode) (If non-resident, give place and State) Franklin
20. Color or race W
21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Franklin Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 10 P m. on the date above stated.

(Signed) Dr. G. W. States G. W. States, M. D.
or ....., Midwife
Address Preston Idaho

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed ....., 193.....
DEC 3 - 1937
Registrar.

MAR 12 1971

55-219 009-319

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 15 1937

Registration District No. ..... State File No. 260627

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bonner County
City of Sandpoint,
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edna Matilda Neary

3. Sex Female | If plural births: 4. Twin, triplet, or other No; 5. Number, in order of birth No | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth Sunday 9-19, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Charles Julius Neary	18. Full maiden name: Alma Louisa Larson
10. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint, Idaho
11. Color or race: White	12. Age at last birthday: 33 (years)
20. Color or race: White	21. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or Country): Toronto, Ontario, Canada	22. Birthplace (city or place) (State or Country): Nea ka, Sweden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Printer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Newspaper	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: August, 1909	17. Total time (years) spent in this work: 19 yrs
25. Date (month and year) last engaged in this work: Present, 1909	26. Total time (years) spent in this work: 28 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ~~Something used by Physician~~ Leonasch

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn,—No period of gestation None { months or weeks ✓ | 30. Cause of stillbirth ✓ { Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 10 p.m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

[redacted], M. D.
or X Freda Larson, Midwife
Address Portland Oregon 5631 North Commercial Ave.,

Give name added from a supplemental report .....
(Date of)

Filed DEC 15 1937, 193.

Registrar. Registrar.

A432 114 040469

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone Co.

City of Mace, Idaho.

No. ..... St.

(If born in hospital or institution give name.)

DEC 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

260639

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Albert McKinney McKINNEY

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth March 14 1909 (Month, Day, Year)

FATHER

9. Full name Robert McKinney

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race White | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) Not Known. (State or Country) State Indianna.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boilermaker by trade

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mary Jane Dorsey.

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race White | 21. Age at last birthday 38 (years)

22. Birthplace (city or place) Not Known (State or Country) Missouri.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Seven (At time of this birth and including this child) (a) Born alive and now living all. (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

..... Registrar.

Filed DEC 11 1937, 193.... ..... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

~~I~~, Mrs Mary J. McKinney being first duly sworn says that She is the Mother of Robert Allan McKinney
(Relationship of child)*

J.J.W. born ~~at Mace~~ March 14th 1909 at Mace, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Robert Allan McKinney hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Alexander Cairns M. D. was the Midwife medical attendant at the birth of said Robert Allan McKinney and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

J.J.W. Mrs Mary J. McKinney
1103-32nd Ave
Seattle Wash

Name of Affiant Robert Allan McKinney

P. O. Address 1103-32 Ave

Subscribed and sworn to before me this 13th day of July, 1937

J. J. Walsh
Notary Public.

Residing at Seattle Wash, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

847-21032-855

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lincoln - now Gooding

City of Wendell

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

263255

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edna Pauline Hughes

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth June 11, 1909 (Month, Day, Year)

FATHER

9. Full name: Luther J Hughes

10. Residence (usual place of abode) (If non-resident, give place and State) Wendell

11. Color or race W | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Mary Jane Hensley

19. Residence (usual place of abode) (If non-resident, give place and State) Wendell

20. Color or race ..... | 21. Age at last birthday 36 (years)

22. Birthplace (city or place) (State or Country) Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

Registrar.

Sworn to before me this 2nd day of Feb 1938 Pearl Dillingham State Registrar

(Signed) Mary Jane Hughes Mother, M. D.

or Wendell, Idaho, Midwife

Address .....

Filed 2-2-38, 193.. Pearl Dillingham State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

263527

1. PLACE OF BIRTH
County of Twin Falls, Idaho
City of Filer
No. 296.209-042-293 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ethelyn Vivian Brooks

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth May 9, 1909 (Month, Day, Year)

FATHER

9. Full name Flavus Brooks
10. Residence (usual place of abode) Filer (If non-resident, give place and State) Twin Falls Idaho
11. Color or race White | 12. Age at last birthday 47 (years)
13. Birthplace (city or place) Albany, Linn County (State or Country) Oregon U.S.A.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work May, 1909 | 17. Total time (years) spent in this work 4 yrs.

MOTHER

18. Full maiden name Henrietta Kilmer
19. Residence (usual place of abode) Filer (If non-resident, give place and State) Twin Falls Idaho
20. Color or race White | 21. Age at last birthday 45 (years)
22. Birthplace (city or place) Keosauqua, Van Buren (State or Country) Iowa, U.S.A.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work May, 1909 | 26. Total time (years) spent in this work 20 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 4 (c) Stillborn None.

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Flavus Brooks ~~M. D.~~ Father
or ..... Midwife
Address Pipe Stone Creek Alberta

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed FEB 28 1938 193.... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

Pro. State of Alberta
County Country of Canada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Flavius Brooks of Pipe Stone Creek Alta being first duly sworn says that Vivian Brooks the daughter of Flavius Brooks
(Relationship of child)*

born May 9, 1909 at Filer, Twin Falls County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Ethelyn Vivian Elford. - married name Ethelyn Vivian Brooks desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ethelyn Vivian Brooks, Filer, Twin Falls County, Idaho. U S A hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Newbury M. D. was the Midwife medical attendant at the birth of said Ethelyn Vivian Brooks and that the said medical attendant is unable to be located
(Now deceased (or) cannot be located)

Name of Affiant Flavius Brooks

P. O. Address Pipe Stone Creek, Alberta

Subscribed and sworn to before me this 23rd day of February, 19 38

J Crichton
Notary Public.

Residing at Wembley Alberta, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

These documents were attested when sig were J Crichton Notary Public

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

263535

REGISTERED MAR 4 - 1938

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise Idaho
No. — St. —
4 693 201 001 513
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Evelyn Helen Willhite

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? .....

8. Date of birth Aug. 1. 1909 193..... (Month, Day, Year)

FATHER

9. Full name Commadore. F. Willhite

10. Residence (usual place of abode) (If non-resident, give place and State) Resident

11. Color or race White | 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Burlington, Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..

16. Date (month and year) last engaged in this work Aug 1909, 19..... | 17. Total time (years) spent in this work ✓

MOTHER

18. Full maiden name Marie. Eaton

19. Residence (usual place of abode) (If non-resident, give place and State) Resident

20. Color or race White | 21. Age at last birthday 36 (years)

22. Birthplace (city or place) (State or Country) Emerson Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work ✓, 19..... | 26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn ✓

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of Stillbirth ..... Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed MAR 4 1938, 193.....

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Carrie Eaton Willhite being first duly sworn says that She is the Mother of Evelyn Helen Willhite
(Relationship of child)*

born Aug 12th 1909 at Boise Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that I desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho, and affiant further states that the facts contained in the certificate of birth of the said Evelyn Helen Willhite hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. C. L. Dullon M. D. was the ~~Midwife~~ medical attendant at the birth of said Evelyn Helen Willhite and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Carrie Eaton Willhite
P. O. Address 3816 - N.E. 109th Ave Portland Ore

Subscribed and sworn to before me this 28th day of Feby, 1938

J. G. Hunter
Notary Public.
My Commission expires June 25th 1940
Residing at 1233 N.E. Sandy Blvd Oregon, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

395-201-042-239

263562

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 11 1938

CERTIFICATE OF BIRTH

263562

Registration District No. 37 State File No.

Prim. Registration District No. 2085 Local Registrar's No. 74

1. PLACE OF BIRTH
County of Twin Falls
City of Filer Idaho
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Laurel Irene Lincoln

3. Sex Female

If plural births { 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term ✓

7. Legitimate? Yes

8. Date of birth March 1, 1909 (Month, Day, Year)

FATHER

9. Full name Ivan George Lincoln

10. Residence (usual place of abode) (If non-resident, give place and State) Filer Idaho

11. Color or race W | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Connecticut

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shepherd

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Zylpha Louisa Stratton

19. Residence (usual place of abode) (If non-resident, give place and State) Filer Idaho

20. Color or race W | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Kanawha Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at 6.30 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mrs Ivan Lincoln ~~M. D.~~

or Midwife

Address

Filed March 4, 1938

Registrar.

Give name added from a supplemental report (Date of)

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Ivan Lincoln being first duly sworn says that she is the (Parent, Mother) of Laura Ann Lincoln
(Relationship of child)*
born March - 1 - 1909 at Filer Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said ~~[illegible]~~, Laura Ann Lincoln hereto attached are true and correct as ~~stated therein~~, **and that this birth has not been previously recorded.**

Affiant further states that John Morgan M. D. was the Midwife
medical attendant at the birth of said Laura Ann Lincoln and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Ivan Lincoln
P. O. Address 248 - 3rd Ave North Twin Falls Idaho

Subscribed and sworn to before me this 4 day of March, 1938

[illegible]
Notary Public.
Residing at Twin Falls Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

MAR 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

264528

Registration District No. ..... State File No. 264528

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nezperce
City of Nezperce
No. 380-223 035 7865 St.
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Violet M. Chase

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth Dec 23, 1909 (Month, Day, Year) 1904 ✓

FATHER

9. Full name Elgee C Chase
10. Residence (usual place of abode) (If non-resident, give place and State) Nezperce
11. Color or race White | 12. Age at last birthday 46 (years)
13. Birthplace (city or place) (State or Country) Columbia Co Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm
16. Date (month and year) last engaged in this work present time, 19.....
17. Total time (years) spent in this work 14

MOTHER

18. Full maiden name Mary E Honroth
19. Residence (usual place of abode) (If non-resident, give place and State) Nezperce
20. Color or race White | 21. Age at last birthday 35 (years)
22. Birthplace (city or place) (State or Country) Evansville Indiana

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work present time, 19.....
26. Total time (years) spent in this work 13

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 6 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Elgee C Chase father, ~~M. D.~~

or ....., Midwife

Address Nezperce Ida

Give name added from a supplemental report .....

(Date of)

Filed MAR 7 - 1938 193.....

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Clearwater } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elgee C Chase being first duly sworn says that He is the father (Relationship of child)* of Violet M Chase born Dec 23 - 1909 (Date of birth) at Ahsahka, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Violet M Chase and has not been previously recorded hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J M Fairly M. D. was the Midwife medical attendant at the birth of said Violet M Chase and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Elgee C Chase
P. O. Address Orofino Idaho

Subscribed and sworn to before me this 4th day of March, 1938

Samuel Lawyer
Notary Public.
Residing at Orofino, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A235 117028 231

#~ 264552

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

264552

MAR 30 1938

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Kootenai
City of Garwood
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD George Henry Klausler

3. Sex Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legitimate? Yes

8. Date of birth 1-17-09, 193__ (Month, Day, Year)

FATHER

9. Full name August Julius Klausler

10. Residence (usual place of abode) (If non-resident, give place and State) Garwood

11. Color or race White | 12. Age at last birthday 38 (years)

13. Birthplace (city or place) Franklin, Renville Co. (State or Country) Minnesota

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work October, 1912

17. Total time (years) spent in this work 11

MOTHER

18. Full maiden name Katherine Marie Klausler

19. Residence (usual place of abode) (If non-resident, give place and State) Garwood

20. Color or race White | 21. Age at last birthday 34 (years)

22. Birthplace (city or place) Berrien Dodge Co. (State or Country) Minnesota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work _____, 19__

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Three
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report _____

(Date of) _____

Registrar.

Filed MAR 30 1938, 193__ _____

Registrar.

one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Katherine Klausler being first duly sworn says that she is the mother (Relationship of child)* of George Henry Klausler born January 17, 1909 (Date of birth) at Garwood, Idaho, whose certificate of birth is hereto attached, and that Katherine Klausler desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said George Henry Klausler hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that F. Wenz M. D. was the ~~Midwife~~ medical attendant at the birth of said George Henry Klausler and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Katherine Klausler
P. O. Address R. 5 Spokane Wash.

Subscribed and sworn to before me this 28th day of March, 1938

Notary Public.
Residing at Spokane, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

819-223 035-797

1. PLACE OF BIRTH
County of NEZ PERCES.
City of LENORE
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 11 1938

Registration District No. ..... State File No. 264577

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD BLANCHE GERALDINE HARP

3. Sex FEMALE | If plural births: 4. Twin, triplet, or other SINGLE; 5. Number, in order of birth ..... | 6. Premature ..... Full term YES | 7. Legitimate? YES | 8. Date of birth MAY 23rd, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name FRANK CHARLES HARP	18. Full maiden name NORA OLLIE PIPPENGER
10. Residence (usual place of abode) (If non-resident, give place and State) LENORE	19. Residence (usual place of abode) (If non-resident, give place and State) LENORE
11. Color or race White 12. Age at last birthday 28 (years)	20. Color or race White 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) CAYLOR. OHIO	22. Birthplace (city or place) (State or Country) MILTON. VAN BUREN CO
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. SCHOOL TEACHER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. FARM.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. SCHOOL
16. Date (month and year) last engaged in this work MAY, 1909	25. Date (month and year) last engaged in this work APRIL, 1908
17. Total time (years) spent in this work 2.	26. Total time (years) spent in this work 8 YRS.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation No months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ALIVE (Born Alive or Stillborn) at 12 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Mrs. Nora Harp, MOTHER
or Frank Charles Harp, Midwife FATHER
Address ABBEY, SASK, CAN.

Filed APR 11 1938, 193.... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MRS NORA HARP being first duly sworn says that SHE is the MOTHER of BLANCHE GERALDINE HARP
(Relationship of child)*

born MAY 23rd 1909 at LENORE, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that SHE desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said BLANCHE GERALDINE HARP hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that DR STONEBURNER M. D. was the ~~Midwife~~ medical attendant at the birth of said BLANCHE GERALDINE HARP and that the said medical attendant is NOW DECEASED
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Nora Harp.
P. O. Address ABBEY, SASK.

Subscribed and sworn to before me this 6 day of APRIL, 1938

[illegible signature]
Notary Public.
Residing at ABBEY SASK CAN., ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 295-219 001 279

County of Ada

City of Meridian

No. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

264584

CERTIFICATE OF BIRTH

Registration District No. State File No. 264584

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Bertha Leona King

3. Sex Female

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term

7. Legitimate? Yes

8. Date of birth Apr. 19, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Ira Austin King	18. Full maiden name Ada Spriggs
10. Residence (usual place of abode) (If non-resident, give place and State) Ada Co. Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Ada Co. Ida.
11. Color or race W 12. Age at last birthday 24 (years)	20. Color or race W 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Missouri	22. Birthplace (city or place) (State or Country) Sioux City Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Ira Austin King (FATHER), M. D.

or , Midwife

Address

Filed Jan, 1936

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ira Austin King, being first duly sworn says that He is the Father (Relationship of child)* of Bertha Leona King born April 19 - 1909 (Date of birth) at Meridian, Idaho, She whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Ira Austin King
P. O. Address

Subscribed and sworn to before me this 13 day of April, 1938.

H. E. Martin
Notary Public.
Residing at Nampa, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

134-230-006 385

26 V V 6 2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham

City of Blackfoot, Idaho.

No. 520 So. Shilling Avenue. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

265562

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Virginia Aldrich.

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth March 30, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Lewis Raynor Aldrich	18. Full maiden name: Dorothy Lynch.
10. Residence (usual place of abode) 520 So. Shilling Ave (If non-resident, give place and State) Blackfoot, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Same
11. Color or race White | 12. Age at last birthday 35 (years)	20. Color or race White | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Princeville, Ills	22. Birthplace (city or place) (State or Country) Mc.Minnville, Ore.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Merchant	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Present time, 19	25. Date (month and year) last engaged in this work Present time 19
17. Total time (years) spent in this work 12 Yrs	26. Total time (years) spent in this work 3 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Neo Silvol 10 % Sol.

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) L. W. Mitchell, M. D.

or ....., Midwife

Address Blackfoot, Idaho

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed ~~June 30, 1909~~ 193 Pearl Dillingham

~~Geo. F. Gagen, Auditor & Recorder~~ Registrar.

May 9, 1938 ~~Blackfoot, Idaho~~ State Registrar

253-211 040-253

265568

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 265568

RECEIVED MAY 9 - 1938

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Shoshone
City of Wallace Idaho
No. ..... St. Wallace Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Margaret Shirley Kellogg

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth Jan 11, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Guy Kellogg	18. Full maiden name Grace Belle Jenney Kellogg
10. Residence (usual place of abode) (If non-resident, give place and State) Wallace Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Wallace Idaho
11. Color or race White | 12. Age at last birthday 25 (years)	20. Color or race White | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) Oregon City (State or Country) Clackamas Co. Oregon	22. Birthplace (city or place) New London (State or Country) Huron Co. Ohio.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery clerk	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grocery store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Jan 11, 1909	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work 6 yrs.	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) [redacted] M. D.

or Mrs Guy Kellogg Mother ~~Midwife~~

Address Smeltzerville Idaho.

Filed ~~March 25~~, 193.8 May 9, 1938

Registrar.

WRITE PLAINLY WITH INK. THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Shoshone } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Grace Belle Kellogg being first duly sworn says that Margaret is the daughter (Relationship of child)* of Glen & Guy Kellogg

born January 11, 1909 (Date of birth) at Wallace, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Margaret Shirley Kellogg hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Sears M. D. was the Midwife medical attendant at the birth of said Margaret Shirley Kellogg and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Grace Belle J. Kellogg
P. O. Address Smelterville, Idaho

Subscribed and sworn to before me this 15th day of April, 1938

A. L. Simons
Notary Public.

Residing at Kellogg, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

PLACE OF BIRTH
County of Custer
City of Mackay
No. A433-116 019-696 St.
(If born in hospital or institution give name.)

RECD
APR 26 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

266070

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charlie Riley Mc lerran

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth 2/ 16 /1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Riley McLerran	18. Full maiden name Katharine Elizabeth Fifield
10. Residence (usual place of abode) (If non-resident, give place and State) Mackay Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Mackay Idaho
11. Color or race White 12. Age at last birthday 48 (years)	20. Color or race White 21. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or Country) Wayne County Missouri	22. Birthplace (city or place) (State or Country) Weston Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Stage Line	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work April 11, 19....	25. Date (month and year) last engaged in this work 4/21, 38
17. Total time (years) spent in this work 26 Yrs	26. Total time (years) spent in this work 46

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Four (At time of this birth and including this child) (a) Born alive and now living Three (b) Born alive but now dead One (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 6 Pm. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ~~Chas. A. Baker~~ ....., M. D.
or ....., Midwife
Address By Katharine E. McLerran
Filed APR 26 1938 193.... ..... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Custer } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Katharine Elizabeth Inglet being first duly sworn says that She is the Mother of Charlie Riley McLerran
(Relationship of child)*

born 2/16 / 1909 at Mackay Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Charlie Riley McLerran hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Chas A Baker M. D. was the Midwife medical attendant at the birth of said Charlie Riley McLerran and that the said medical attendant is Not available
(Now deceased (or) cannot be located)

Name of Affiant Mrs Katherine E. Inglet

P. O. Address Mackay, Idaho

Subscribed and sworn to before me this 23rd day of April, 19 38.

Notary Public for the State of Idaho,
Residing at Mackay, Idaho
Notary Public.

Residing at 40, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

859-117035-469

2 0 0 5 6 0

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Nez Perce

City of Near Gifford, Ida

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED MAY 23 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 266560

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Burton Lee Herin

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Saturday July 17, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Wilber Clinton Herin	18. Full maiden name Bessie May Morgan
10. Residence (usual place of abode) (If non-resident, give place and State) Gifford, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Gifford, Ida
11. Color or race white | 12. Age at last birthday 44 (years)	20. Color or race white | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Iowa City, Iowa	22. Birthplace (city or place) (State or Country) Russell, Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (4) four (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. FOR AFFIDAVIT SEE Certificate #266558

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) ....., M. D.

or Mrs. Cora V Boyer, Midwife

Address Gifford Idaho

Filed May 29, 1939 Pearl Dillingham State Registrar.

A263-125016-569

1. PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

#266581

JUN 1 1938

Registration District No. ..... State File No. 266581

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Oscar Lafayette Bocock

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth May 25, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Clarence Edgar Bocock	18. Full maiden name: Lillian Radda Normington
10. Residence (usual place of abode) (If non-resident, give place and State): Albion	19. Residence (usual place of abode) (If non-resident, give place and State): Albion
11. Color or race: W | 12. Age at last birthday ..... (years)	20. Color or race: W | 21. Age at last birthday 51 (years)
13. Birthplace (city or place): Bradford (State or Country): Illinois	22. Birthplace (city or place): Hailey (State or Country): Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ADMINISTRATOR	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: School	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work: October, 1932 | 17. Total time (years) spent in this work: 32	25. Date (month and year) last engaged in this work: OCTOBER, 1932 | 26. Total time (years) spent in this work: 2.5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed JUN 1 1938, 193....

..... Registrar.

..... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Minidoka } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lillian Rodda Bocock being first duly sworn says that she is the mother (Relationship of child)* of Oscar Lafayette Bocock born May 25, 1909 (Date of birth) at Albion, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Oscar Lafayette Bocock hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that A. F. O. Nielson M. D. was the ~~MIDWIFE~~ medical attendant at the birth of said Oscar Layafette Bocock and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Lillian Rodda Bocock
P. O. Address Albion, Idaho

Subscribed and sworn to before me this 31st day of May, 1938

W. L. Baker
Notary Public.

Residing at Rupert, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

793-107032-413

266550

PLACE OF BIRTH

County of Lincoln (now Minidoka)

City of Rupert.

No. ..... St. .....

(If born in hospital or institution give name.)

JUN 2 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 266584

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Lawrence Pickering.

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth Feb. 7th, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Pickering	18. Full maiden name Mary Matthews
10. Residence (usual place of abode) (If non-resident, give place and State) Rupert, Idaho.	19. Residence (usual place of abode) (If non-resident, give place and State) Rupert, Idaho.
11. Color or race white 12. Age at last birthday 60 (years)	20. Color or race white 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Hull, England	22. Birthplace (city or place) (State or Country) London, England.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. -	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. -
16. Date (month and year) last engaged in this work Feb'y, 1909	25. Date (month and year) last engaged in this work February, 1909
17. Total time (years) spent in this work 14	26. Total time (years) spent in this work 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother third (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation - months or weeks

30. Cause of Stillbirth - During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

Dr. V. R. Killen, Deceased.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

..... Registrar.

Filed JUN 2 1938, 193... ..... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Minidoka } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Pickering being first duly sworn says that she is the mother of Charles Lawrence Pickering
(Relationship of child)*

born February 7, 1909 at Rupert, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Charles Lawrence Pickering hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that V. R. Killen M. D. was the ~~Midwife~~ medical attendant at the birth of said Charles Lawrence Pickering and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Mary Pickering
P. O. Address Rupert, Idaho.

Subscribed and sworn to before me this 31st day of May, 19 38

A. L. De Mary
Notary Public.

Residing at Rupert, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A213-125-029-238

1. PLACE OF BIRTH

County of Latah

City of Troy Rural Community

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 9 1938

Registration District No. ..... State File No. 267379

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alfred Charles Bachman

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth May 25, 1909 (Month, Day, Year)

FATHER

9. Full name Edward Bachman

10. Residence (usual place of abode) (If non-resident, give place and State) Farm Idaho

11. Color or race white 12. Age at last birthday 51 (years)

13. Birthplace (city or place) (State or Country) Switzerland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work September, 1930

17. Total time (years) spent in this work 50

MOTHER

18. Full maiden name Selma Schärer

19. Residence (usual place of abode) (If non-resident, give place and State) Farm Idaho

20. Color or race white 21. Age at last birthday 41 (years)

22. Birthplace (city or place) (State or Country) Switzerland

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work still at it, 1938

26. Total time (years) spent in this work 52

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 12 (At time of this birth and including this child)
(a) Born alive and now living 10 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed ....., 1938.

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Selina Bachman being first duly sworn says that she is the Mother of Alfred Charles Bachman
(Relationship of child)*

born May 25 - 1909 at Troy, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Alfred Charles Bachman hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that None M. D. was the Midwife medical attendant at the birth of said Alfred Charles Bachman and that the said medical attendant is none
(Now deceased (or) cannot be located)

Name of Affiant Selina Bachman
P. O. Address Troy Ida

Subscribed and sworn to before me this 7 day of June, 1938

E Brock
Notary Public.

Residing at Troy, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

951-031028 98b

JUL 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

267759

Registration District No. 30 State File No. 267759

Prim. Registration District No. 1051 Local Registrar's No.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Warren Elbert Read

3. Sex M.

If plural births { 4. Twin, triplet, or other ; 5. Number, in order of birth

6. Premature ; Full term Yes

7. Legitimate? Yes

8. Date of birth Sep. 3, 1909 (Month, Day, Year)

FATHER

9. Full name Henry Allen Read

10. Residence (usual place of abode) (If non-resident, give place and State) Ida

11. Color or race W. | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Woods

16. Date (month and year) last engaged in this work Sep. 3, 1909

17. Total time (years) spent in this work 10 yr.

MOTHER

18. Full maiden name Ada Catherine Rhodes.

19. Residence (usual place of abode) (If non-resident, give place and State) Ida

20. Color or race W. | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work Sep. 3, 1909

26. Total time (years) spent in this work 10 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None.

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor ; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or ~~Stillborn~~) at 7a m. on the date above stated.

(Signed) John O Wood, M. D.

or , Midwife

Address Coeur d'Alene. Ida.

Filed July 1, 1938 L C Kretchen, MD. Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

APR 19 1971

255-125-228-454

RECEIVED JUL 1 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 267760

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Kootenai
City or Coeur d'Alene
No. 927 Empire St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Carlton William Bee

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Oct. 25 1909
(Month, Day, Year)

FATHER	MOTHER
9. Full name: John William Bee	18. Full maiden name: Blenda Bee Anderson
10. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene	19. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene
11. Color or race: White / 12. Age at last birthday: 23 (years)	20. Color or race: White / 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or Country): Lincoln Illinois	22. Birthplace (city or place) (State or Country): Aitkin Minnesota
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Saw Mill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work: Oct 25, 1909 / 17. Total time (years) spent in this work: 9	25. Date (month and year) last engaged in this work: Oct 25, 1909 / 26. Total time (years) spent in this work: 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 6 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ..... M. D.
or Hanna Anderson Midwife
Address 413 Pine St Wallace Idaho

Filed ....., 193.... .....

Registrar.

JUL 1 - 1938

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

7-8-41

Mail to Carlton Bee
304 Valley
Port Angeles Wash.

A244-228-042-454

267786

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Kimberly
No. R.F.D. St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 15 1938

Registration District No. ..... State File No. 267786

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Hazel Grace Summers

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth July 28th, 1909 (Month, Day, Year)

FATHER

9. Full name William Rudolph Summers
10. Residence (usual place of abode) (If non-resident, give place and State) Kimberly Idaho
11. Color or race White | 12. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or Country) Detroit, Mich
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work Deceased Apr 21, 1929 | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mary Lillie Underwood
19. Residence (usual place of abode) (If non-resident, give place and State) Kimberly Idaho
20. Color or race White | 21. Age at last birthday 38 (years)
22. Birthplace (city or place) (State or Country) Detroit Mich
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Deceased 1-10, 1922 | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed JUL 15 1938, 193.... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

(Mrs) Carol Slaughter being first duly sworn says that she is the sister of Hazel Grace Summers
(Relationship of child)*

born July 28th 1909 at Kimberly, R.F.D., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Hazel Grace Summers hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr John R. Morgan M. D. was the ~~Midwife~~ medical attendant at the birth of said Hazel Grace Summers and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs Carol Slaughter - Sister
P. O. Address Kimberly Idaho - Box 322

Subscribed and sworn to before me this 9th day of July, 1939

Jesse S. Shipley
Justice of the Peace ~~Notary Public~~.
Residing at Kimberly, Idaho.

East Twin Precinct

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit indicating the relationship of the affiant, as brother, sister, cousin, etc.

443-122-007-815

JUL 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 267790

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Blaine
City of Picabo, Idaho.
No. ..... St. .....
(If born in hospital or institution give name)

2. FULL NAME OF CHILD ~~Unnamed~~ Clarence Walter

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth March 22, ~~1938~~ 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Gottlieb C. Niederneyer	18. Full maiden name: Emma L. Hinshaw
10. Residence (usual place of abode) (If non-resident, give place and State): Picabo	19. Residence (usual place of abode) (If non-resident, give place and State): Picabo
11. Color or race: White 12. Age at last birthday: 41 (years)	20. Color or race: White 21. Age at last birthday: 38 (years)
13. Birthplace (city or place) (State or Country): Iowa	22. Birthplace (city or place) (State or Country): Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: Four (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Dr. E. W. Kleinman, M. D.
or ....., Midwife
Address Hailey, Idaho.
Filed July 9, ~~19XX~~ 1909.
..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

JUN 1 1938

AFFIDAVIT

STATE OF IDAHO,)
) ss.
County of Blaine.)

Mrs. Emma L. Niedermeyer, being first duly sworn, deposes and says that she is one of the persons mentioned in the Birth Register of Blaine County, Idaho, on page 146 thereof, on line 4, the same being the birth registration of a male child born on March 22, 1909, at Picabo, Idaho, the name of the child being blank in the book. She hereby states on oath that the said child was not named at the time of the filing of the birth certificate and that thereafter the said child was named Clarence Walter Niedermeyer, that the names of the parents of the said Clarence Walter Niedermeyer are Gottlieb C. Niedermeyer and affiant, Emma L. Niedermeyer. That the said Clarence Walter Niedermeyer was born on March 22, 1909, at Picabo, Idaho, the attending physician being E. W. Kleinman, M. D.

Emma L. Niedermeyer

Subscribed and sworn to before me this 13th day of June, 1938.

B. P. Thomas
Clerk of the District Court, and
Ex-officio Recorder of Blaine
County, Idaho.

OCT 1 1962

A116-218-001-525

RECEIVED
JUL 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

267798

1. PLACE OF BIRTH
County of Ada
City of Meridian
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 267798
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Florence Helen MAW

3. Sex F. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth 12/18, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Cash MAW	18. Full maiden name: Mary Lydia EBERT
10. Residence (usual place of abode) (If non-resident, give place and State): Meridian	19. Residence (usual place of abode) (If non-resident, give place and State): Meridian
11. Color or race: W | 12. Age at last birthday: 27 (years)	20. Color or race: W | 21. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Allen's Grove, Iowa	22. Birthplace (city or place) (State or Country): Birmingham, Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Himself	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work ....., 19.. | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillborn ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed ....., 193.. .....

JUL 7 - 1938

Registrar.

one child at birth is required. Certificate must be made for each, and the number of each, in order of birth

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Cash Maw being first duly sworn says that he is the Father of Florence Helen Maw
(Relationship of child)*

born December 18, 1909 at Meridian, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Florence Helen Maw hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that L.C. Dutton M. D. was the ~~MIDWIFE~~ medical attendant at the birth of said Florence Helen Maw and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Cash Maw X

P. O. Address Eagle, Idaho.

Subscribed and sworn to before me this 6th day of July, 1938

Florence La Sale
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A659-115 044-689

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

268792

JUL 2 - 1938

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ivan Wayne Ferrell

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Aug. 15, 1929 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Elza Ferrell (~~deceased~~)	18. Full maiden name Maude Ella Whitten (~~deceased~~)
10. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Idaho
11. Color or race White | 12. Age at last birthday 36 (years)	20. Color or race White | 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Minorsville, Kentucky	22. Birthplace (city or place) (State or Country) Green Ridge, Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
16. Date (month and year) last engaged in this work Feb, 1935 | 17. Total time (years) spent in this work 37 years	25. Date (month and year) last engaged in this work May, 1937 | 26. Total time (years) spent in this work 39 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead — (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed JUL 2 - 1938, 193.... .....

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Washington } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lester Alvin Ferrell being first duly sworn says that he is the brother of Ivan Wayne Ferrell
(Relationship of child)*

born August 15, 1909 at Weiser, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ivan Wayne Ferrell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said Ivan Wayne Ferrell and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant: Lester Alvin Ferrell
P. O. Address Weiser, Idaho

Subscribed and sworn to before me this 30" day of June, 1938.

John C. Deacon
Notary Public.
Residing at Weiser, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

449-105-009-219

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 20 1938

Registration District No. ..... State File No. 268809

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St. .....

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Robert Allen Murray

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Mar. 5, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Shaw Murray	18. Full maiden name: Nina Bartholemew
10. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint, Ida.
11. Color or race: W. | 12. Age at last birthday: 28 (years)	20. Color or race: W. | 21. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or Country): Alcott, New York	22. Birthplace (city or place) (State or Country): Vanessa, Ontario Canada
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) John Shaw Murray (Father) (signature on affidavit), M. D.

or ....., Midwife

Address Long Beach, Cal.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed July 20, 1938 Pearl Dillingham State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF CALIFORNIA,
County of Los Angeles } SS.

ON THIS 12th day of July, A.D., 1938, before me,
Lena M Wright
Notary Public in and for said County and State, personally appeared
John Shaw Murray
, known to me,
(~~or proved to me on the oath of~~),
be the person whose name is subscribed to the within
strument, and acknowledged to me that he executed the same.

WITNESS WHEREOF, I have hereunto set my hand and affixed my official
l the day and year in this certificate first above written.

Lena M Wright
Notary Public in and for said County and State.
My commission expires Nov 3-1941

ACKNOWLEDGMENT—GENERAL COTTS FORM 233

Certificate of Birth

Name of Child Robert Allen Murray

Sex	Legitimate	Single or Twin	Date	Place
Male	Yes	Single	March 5, 1909	Sandpoint, Idaho

Father's Name
John Shaw Murray
Age at time of birth 28 years
Occupation, Salesman
Birthplace Alcott, New York State

Mother's Name
Nina Murray
Age at time of Birth 29 years
Housewife
Birthplace, Vanessa, Ontario, Ca
Maiden name, Bartholemew

Name of attending physician, Dr. Drennan

The above statements were subscribed and sworn to this 12th day of July 1938 in Long Beach, California, by

John Shaw Murray

TO WHOM IT MAY CONCERN

The undersigned, JOHN [illegible] MURRAY, of 1603 Sherman Place, Long Beach, Los Angeles County, California, being first duly sworn depose and say,

That ROBERT ALLEN MURRAY, at present residing at 1603 Sherman Place, Long Beach California, is my son, born March 5th 1909, at SANDPOINT, IDAHO. His mother's name is MINA MURRAY still living , my wife.

State of California)
County of Los Angeles) ss

On this 18th day of July 1938 before me Lena H[illegible] right, a Notary Public in and for the said county and state, personally appeared John Show Murray, known to me to be the person whose name is subscribed to the above instrument, and acknowledged that he executed the same.
Witness my hand and official seal.

Notary Public in and for Los Angeles County, State of California.
My commission expires Nov. 7, 1941

397-208 005-559

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUL 28 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

268840

Registration District No. ..... State File No. 268840

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Benewah

City of Emida

No. ..... St. .....

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Eunice Viola Lightle

3. Sex Female

If plural births 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Jan. 8 1909, 193.... (Month, Day, Year)

FATHER

9. Full name: Samuel William Lightle

10. Residence (usual place of abode) (If non-resident, give place and State): Emida, Ida.

11. Color or race: W | 12. Age at last birthday: 32 (years)

13. Birthplace (city or place) (State or Country): New Philadelphia Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: .....

16. Date (month and year) last engaged in this work: ....., 19....

17. Total time (years) spent in this work: .....

MOTHER

18. Full maiden name: Nellie Frances Neideffer

19. Residence (usual place of abode) (If non-resident, give place and State): Emida, Ida.

20. Color or race: W | 21. Age at last birthday: 25 (years)

22. Birthplace (city or place) (State or Country): Orland, Calif.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: .....

25. Date (month and year) last engaged in this work: ....., 19....

26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mrs. N.F. Lightle (Mother), M. D.

or ....., Midwife

Address 2315 F. St. Sacramento, Calif.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed 7-28-38, 193.... .....

Registrar.

AFFIDAVIT OF BIRTH

RECEIVED JUL 28 1938

PERSONAL AND STATISTICAL PARTICULARS

FULL NAME OF CHILD Eunice Viola Lightle

DATE OF BIRTH January 8, 1909

PLACE OF BIRTH Emida, Idaho

SEX OF CHILD Female

FULL NAME OF FATHER Samuel William Lightle

RESIDENCE AT CHILD'S BIRTH Emida, Idaho

AGE AT CHILD'S BIRTH Thirty-two

COLOR OR RACE White

BIRTHPLACE New Philadelphia, Ohio

OCCUPATION AT CHILD'S BIRTH Farmer

FULL MAIDEN NAME OF MOTHER Nellie Frances Neidiffer

RESIDENCE AT CHILD'S BIRTH Emida, Idaho

AGE AT CHILD'S BIRTH Twenty-five

COLOR OR RACE White

BIRTHPLACE Orland, California

OCCUPATION AT CHILD'S BIRTH Housewife

I HEREBY CERTIFY THAT I AM THE Mother OF THIS CHILD, WHO WAS BORN ON THE DATE ABOVE STATED.

Affiant Mrs. N. F. Lightle

Address 2315 F Street
Sacramento, Calif.

Subscribed and sworn to before me this 23rd day of July, 1938

W. Oberm
Notary Public

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. 445 St. 131010-135
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

76884

JUL 28 1938

Registration District No. ..... State File No. 268842
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Frank Charles Dunn

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth 31 Oct. 1909 (Month, Day, Year)

FATHER

9. Full name Harry Dunn
10. Residence (usual place of abode) (If non-resident, give place and State) Spencer
11. Color or race White | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) England
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Helga Alexander
19. Residence (usual place of abode) (If non-resident, give place and State) Spencer
20. Color or race White | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Sweden
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living Two (b) Born alive but now dead None (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. W. Clues, M. D.
or ....., Midwife
Address Idaho Falls Ida

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed ....., 193.... Registrar.

JUL 28 1938

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE 7688 1/3
BUREAU OF VITAL STATISTICS

RECEIVED JUL 29 1938

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 268843

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1807 No. 13th St.
243-221001-294
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Delores Elaine Buchanan

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... **Full term** ✓

7. Legitimate? yes

8. Date of birth Dec. 21 1909 (Month, Day, Year)

FATHER

9. Full name James Alfred Buchanan

10. Residence (usual place of abode) 1807 No. 13th (If non-resident, give place and State) Boise, Idaho

11. Color or race white 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) Wellington Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware man

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Wholesale Hardware

16. Date (month and year) last engaged in this work July, 1918

17. Total time (years) spent in this work 12 yrs.

MOTHER

18. Full maiden name Lucy Maude Bruno

19. Residence (usual place of abode) 1807 No. 13th (If non-resident, give place and State) Boise Ida.

20. Color or race white 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Dec., 1909

26. Total time (years) spent in this work 6 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? silver nitrate 1%

28. Number of children of this mother three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 7:45 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) J. M. Taylor, M. D.

or ....., Midwife

Address Boise Idaho

Filed JUL 29 1938, 193.....

Registrar.

695-220 042.236

768868

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 5 - 1938

Registration District No. _____ State File No. 268868

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Twin Falls
City of Kimberly, Idaho
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ethel May Winchell

3. Sex: female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Legitimate? yes

8. Date of birth June 20, 1909 (Month, Day, Year)

FATHER

9. Full name: Frank Peter Winchell

10. Residence (usual place of abode) (If non-resident, give place and State): Kimberly, Idaho

11. Color or race: white | 12. Age at last birthday: 40 (years)

13. Birthplace (city or place) (State or Country): Cheyenne, Wyoming

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: _____

16. Date (month and year) last engaged in this work: June, 1909

17. Total time (years) spent in this work: 20 yrs.

MOTHER

18. Full maiden name: Nancy Jane Scott

19. Residence (usual place of abode) (If non-resident, give place and State): Kimberly, Idaho

20. Color or race: white | 21. Age at last birthday: 30 (years)

22. Birthplace (city or place) (State or Country): Thatcher, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work: June, 1909

26. Total time (years) spent in this work: 10 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child): 4
(a) Born alive and now living: 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

_____ Registrar.

(Signed) _____, ~~M. D.~~

or Nancy J. Winchell ~~Midwife~~ Mother

Route #1 Box 323m

Address 25624 Cypress, Lomita, California

Filed _____, 193_____ Registrar.

AUG 5 - 1938

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nancy J. Winchell, being first duly sworn says that she is the mother (Relationship of child)* of Ethel May Winchell born June 30, 1909 (Date of birth) at Kimberly, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Ethel May Winchell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Beaver M. D. was the Midwife medical attendant at the birth of said Ethel May Winchell and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Nancy J. Winschell
P. O. Address Route #1 Box 323 M 25624 Cypress, Lomita, California

Subscribed and sworn to before me this 5th day of August, 19 38

Wm. C. Dunbar
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A169-210 006-993

RECEIVED
AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

268887

Registration District No. ..... State File No. 268887

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham
City of Idaho Falls
No. Street st.
(If born in hospital or institution give name)

2. FULL NAME OF CHILD Billie Maxine Jordan

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth March 10, 1909 (Month, Day, Year)

FATHER

9. Full name Frank Wilbert Jordan
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls
11. Color or race White | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Amadore County California

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. County Office
16. Date (month and year) last engaged in this work September, 1920
17. Total time (years) spent in this work 13

MOTHER

18. Full maiden name Pearl Alice Riches
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls
20. Color or race White | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Nephi Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work All her life
26. Total time (years) spent in this work All her life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead None (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed ....., 193.... ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonneville } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Pearl G. Jordan being first duly sworn says that she is the Mother (Relationship of child)* of Billie Mapine Jordan born 1:08 a.m., March 10, 1909 (Date of birth) at Idaho Falls, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Billie Mapine Jordan hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. G. N. Pendleton M. D. was the ~~Midwife~~ medical attendant at the birth of said Billie Mapine Jordan and that the said medical attendant is now deceased
(Now deceased) (or) cannot be located)

Name of Affiant Pearl G. Jordan
P. O. Address 288 I St Idaho Falls Idaho

Subscribed and sworn to before me this 9 day of August, 1938

Emily R. Klein
Notary Public.

Residing at Idaho Falls, Idaho.

***If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

265-221-042955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

270041

SEP 12 1938

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Huldia Irene Boehm

3. Sex female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth Mar. 21, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Lewis Boehm	18. Full maiden name: Rhoda Elizabeth Reed
10. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls, Ida.
11. Color or race: white 12. Age at last birthday: 24 (years)	20. Color or race: white 21. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or Country): Barn Blecher City Illinois.	22. Birthplace (city or place) (State or Country): Fayesville, Arkansas.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: rented farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: still farming, 19..	25. Date (month and year) last engaged in this work: still doing own housework, 19..
17. Total time (years) spent in this work: 24	26. Total time (years) spent in this work: 21

27. What prophylactic was used to prevent Ophthalmia Neonatorum? do not know.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Rhoda Elizabeth (Reed) Boehm, M.D.

or ....., Midwife

Address 1123-4th Ave., Greeley, Colorado.

Filed 9/12/38, 193.. Pearl Dillingham State Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Colorado
County of Weld } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rhoda Elizabeth (Reed) Boehm being first duly sworn says that ..... is the mother (Relationship of child)* of Huldia Irene Boehm

born Mar. 21, 1909 (Date of birth) at R.R.3, Twin Falls, Idaho,

~~whose~~ certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Huldia Irene Boehm ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. R. Morgan M. D. was the ~~[illegible]~~ medical attendant at the birth of said Huldia Irene Boehm and that the said medical attendant is deceased.
(Now deceased (or) cannot be located)

Name of Affiant Rhoda Elizabeth (Reed) Boehm
P. O. Address 1123-4th Ave., Greeley, Colo.

Subscribed and sworn to before me this 9th day of September, 19 38

Charles W. Beer
Notary Public.

My Commission Expires Jan. 25, 1942

Residing at Greeley, Colo., ~~[illegible]~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

643-217 014-366

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 6 1938

270053

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. Albany St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Esther Ann Fuller

3. Sex Female

If plural births: 4. Twin, triplet, or other Twin; 5. Number, in order of birth 1

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth March 11, 1909 (Month, Day, Year)

FATHER

9. Full name Gilbert Hinton Fuller

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Blacksmith Shop

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Cora Easter Cook

19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell Idaho

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Caldwell Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother ~~Four~~ Three (At time of this birth and including this child) Four
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 11 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.
or Ellen M. Cook, Midwife
Address Caldwell, Idaho

Filed SEP 1938, 193....

Registrar.

643-217 014-366

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

270054

SEP 6 1938

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. Albany St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ethel May Fuller

3. Sex Female

If plural births: 4. Twin, triplet, or other Twin; 5. Number, in order of birth 2

6. Premature ..... Full term Yes

7. Legitimate? yes

8. Date of birth March 17, 1909 (Month, Day, Year)

FATHER

9. Full name Gilbert Hinton Fuller

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Blacksmith Shop

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Cora Easter Cook

19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell, Idaho

20. Color or race White | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) Caldwell, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Five
Four
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 11:10 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Ellen M. Cook, Midwife
Address Caldwell, Idaho

Filed SEP 6 1938, 193.... Registrar.

MAY 2 4 1971

SEP 2 1 1954

DECEASED

655-111-029-812

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 271111

OCT 2 - 1938

Registration District No. 90 State File No.

Prim. Registration District No. 10 51 Local Registrar's No. 284

2. FULL NAME OF CHILD Nathaniel Overton

3. Sex M

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth March 11, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles Augustus Overton	18. Full maiden name Alcie Hasty
10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene	19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene
11. Color or race W | 12. Age at last birthday 40 (years)	20. Color or race W | 21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Nebraska	22. Birthplace (city or place) (State or Country) Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinsmith	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.. | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 10 (At time of this birth and including this child) (a) Born alive and now living 9 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 10 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) Laura R. Overton Farm Sister Older, ~~M. D.~~

or ....., ~~Midwife~~

Address Coeur d'Alene Idaho

Filed Oct. 1, 1938 H. Gretchen M.D.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Laura R. Overton Barnes being first duly sworn says that she is the sister (older) of Nathaniel Overton
(Relationship of child)*

born ..... (Date of birth) at Coeur d'Alene, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Nathaniel Overton hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that either J. D. Durgan or John H. Shepherd M. D. was the ~~Midwife~~ medical attendant at the birth of said Nathaniel Overton and that the said medical attendant is now deceased
(Now deceased ~~(or) cannot be located~~)

Name of Affiant Laura R. Overton Barnes
P. O. Address Coeur d'Alene Ida

Subscribed and sworn to before me this 1st day of October, 1938

Jas. A. Foster
~~Clerk~~ of the District Court
~~Ex-Officio~~ Auditor and Recorder
~~Notary Public.~~
~~Residing at~~ By Jas. C. White, Dep., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls RFD 3
No. 569-129-00-754 St.
(If born in hospital or institution give name.)

RECEIVED
SEP 26 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 State File No. 271121
Prim. Registration District No. 21V-0 Local Registrar's No. 612

2. FULL NAME OF CHILD Eamor Carroll Nord

3. Sex Male | If plural births: 4. Twin, triplet, or other Single 5. Number, in order of birth | 6. Premature Full term yes | 7. Legitimate? yes | 8. Date of birth Dec 29th 7:30 PM 1909 (Month, Day, Year)

FATHER

9. Full name Nels C Nord
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls RFD 3
11. Color or race white 12. Age at last birthday 47 (years)
13. Birthplace (city or place) (State or Country) C Christianstad Lane Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer own Farm
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —
16. Date (month and year) last engaged in this work Present, 1909
17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Hannah Anderson
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls RFD 3
20. Color or race White 21. Age at last birthday 40 (years)
22. Birthplace (city or place) (State or Country) C Christianstad Lane Sweden

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife own home
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
25. Date (month and year) last engaged in this work Present, 1909
26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) six
(a) Born alive and now living 5 (b) Born alive but now dead one (c) Stillborn —
29. If stillborn, period of gestation — months or weeks —
30. Cause of Stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Hannah Anderson Nord mother ~~M.D.~~
or Mrs Berd (now dead), Midwife
Address Hannah Anderson Nord 354 N Eastern ave Idaho Falls
Filed Sept. 20, 193 8 Lorena Lunas Registrar.

Give name added from a supplemental report
(Date of)
Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonneville } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Hannah Anderson Nord being first duly sworn says that She is the Mother of Eamor Carroll Nord
(Relationship of child)*
born December 25th 7:30 PM at Idaho Falls R.F.D 3, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Eamor Carroll Nord as hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Miss Bard [redacted] was the Midwife medical attendant at the birth of said Eamor Carroll Nord and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Hannah Anderson
P. O. Address 304 Eastern Ave Idaho Falls Idaho

Subscribed and sworn to before me this 5th day of October, 1938

E F Stewart
Notary Public.
Residing at Idaho Falls, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF IDAHO _____)
) SS.
COUNTY OF Bonneville)

AFFIDAVITS FOR CORRECTION OF OF A RECORD

Hannah Anderson Nord of Idaho Falls Idaho,

Being first duly sworn, deposes and says that She is the Mother Hannah Anderson Nord (Mother) of Eamor Carroll Nord who Born in the city
(if related, specify degree, ~~if friend~~ or otherwise, so state) (was born ~~or died~~)

of Idaho Falls Idaho RFD 3, County of Bonneville, on the 25th day of Dec., 1909,

as stated in a certificate of Birth filed by Hannah Anderson Nord (Mother) with the Local Registrar for the city of Idaho Falls, County of
(bith or ~~death~~) (Name of physician or midwife or ~~undertaker for death~~)

Bonneville, Idaho, on the 20th day of September, 1938.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Date of birth as reported December 25, 1909 was a clerical error & should read December 29, 1909

That affiant upon her own knowledge states the true facts to be, and the changes
(his, her)

necessary to make the record correct are, as follows: Eamor Carroll Nord was born December 29, 1909 at 7:30 P.M. Idaho Falls, Idaho. R.F.D. 3. Mothers Residence

Affiant Hannah Anderson Nord

(Seal)

Nord

ADDRESS 354 North Eastern Ave

Subscribed and sworn to before me this 28th day of Aug., 1939.

M. L. Shalleck
(Notary Public)

STATE OF IDAHO _____)
) SS.
COUNTY OF Bonneville)

Hannah Anderson Nord of Idaho Falls Idaho

being first duly sworn, deposes and says that She has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Hannah Anderson Nord x

MAR 14 1973

ADDRESS 354 North Eastern Ave.

Subscribed and sworn to before me this 28th day of Aug., 1939.

(Seal)

M. L. Shalleck
Notary Public

132-113-09-813

271131

1. PLACE OF BIRTH

County of Bonner's

City of ALBANY FALLS

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 11 1938

CERTIFICATE OF BIRTH 271131

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Hackworth alkire

3. Sex MALE

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 4

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth 7-13-09 193.. (Month, Day, Year)

FATHER

9. Full name OSCAR FRANKLIN ALKIRE

10. Residence (usual place of abode) (If non-resident, give place and State) ALBANY FALLS IDAHO.

11. Color or race W | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) LYONS CITY (State or Country) IND, [redacted]

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Brick Yard

16. Date (month and year) last engaged in this work Sept., 1909

17. Total time (years) spent in this work 6-MO.

MOTHER

18. Full maiden name MATTie Lue HACKWORTH

19. Residence (usual place of abode) (If non-resident, give place and State) ALBANY FALLS, IDAHO.

20. Color or race W | 21. Age at last birthday 15 (years)

22. Birthplace (city or place) OLIVERS SPRINGS (State or Country) TENN.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HouseWife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN home

25. Date (month and year) last engaged in this work ....., 19..

26. Total time (years) spent in this work 7-yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) FOUR. (4)
FOUR-(4) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn [redacted]

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 7 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or Elizabet Hackworth, Midwife

Address Star Route 2 Bonner Mont. Albany Falls, Idaho

Filed OCT 11 1938, 193.. Alice Gilbertson Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Kitsap } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mattie Lee Alkire being first duly sworn says that She is the Mother of Robert Hackworth Alkire
(Relationship of child)*

born July 13- 1909 at Albany Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Robert Hackworth Alkire hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is Can't be Located
(Now deceased (or) cannot be located)

Name of Affiant Mattie Lee Alkire
P. O. Address Bremerton Wash. Star Rt 1 Box 210 E

Subscribed and sworn to before me this 6 day of October, 19 38

George A. Lasarity
Notary Public.
Residing at Bremerton Wash., ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

493-226-516-221

1. PLACE OF BIRTH

County of Canyon

City of Fruitland, Idaho

No. none St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 19 1938

CERTIFICATE OF BIRTH

272257

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Lola Edith Rich

3. Sex Female

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term yes

7. Legitimate? Yes

8. Date of birth August 26, 1929 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Rich	18. Full maiden name Nora Lee Skaggs
10. Residence (usual place of abode) (If non-resident, give place and State) Fruitland, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Fruitland, Idaho
11. Color or race White | 12. Age at last birthday 39 (years)	20. Color or race White | 21. Age at last birthday 18 (years)
13. Birthplace (city or place) (State or Country) Guthrie Center, Iowa	22. Birthplace (city or place) (State or Country) Dubrina, Mercer County, West Virginia
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Life, 19____ | 17. Total time (years) spent in this work Life	25. Date (month and year) last engaged in this work _____, 19____ | 26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother none (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Nora Rich Maule, ~~M. D.~~
mother

or _____, ~~Midwife~~

Address _____

Give name added from a supplemental report _____

(Date of)

Filed OCT 19 1938, 193____ Pearl Dillingham
State Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Weber } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nora Rich Maule, being first duly sworn says that she is the Mother of Lola Edith Rich
(Relationship of child)*

born August 26, 1909 at Fruitland, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lola Edith Rich hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. O. F. Lovey M. D. was the Midwife medical attendant at the birth of said Lola Edith Rich and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Nora Rich Maule

P. O. Address

Subscribed and sworn to before me this 18th day of October, 1938

Mary Fowles
Notary Public.

My Commission expires July 13, 1942 Residing at Ogden, Utah, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

918-12-1-C-72299

RECEIVED

OCT 21 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 272263

1. PLACE OF BIRTH
County of Blaine
City of Soldier
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Claude Eldon Rayburn

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2nd | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Sep. 21, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Orval E. Rayburn Jr.	18. Full maiden name Mary Jane Birdwell Rayburn
10. Residence (usual place of abode) (If non-resident, give place and State) ~~La Grande, Ore~~	19. Residence (usual place of abode) (If non-resident, give place and State) ~~La Grande, Ore~~
11. Color or race White	12. Age at last birthday 58 (years)
20. Color or race White	21. Age at last birthday 54 (years)
13. Birthplace (city or place) Stockton (State or Country) Cedar Co. Missouri	22. Birthplace (city or place) Osceola (State or Country) St. Clair, Co, Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe-fitter helper	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad Shops	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Present time, 1938	17. Total time (years) spent in this work 20 yrs
25. Date (month and year) last engaged in this work Present, 1938	26. Total time (years) spent in this work 32 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 7 (At time of this birth and including this child) (a) Born alive and now living [redacted] (b) Born alive but now dead 1 (c) Stillborn ✓

29. If stillborn, period of gestation ✓ months or weeks | 30. Cause of stillborn ✓ Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) Orval E Rayburn - father, ~~M.D.~~

or ....., Midwife

Address La Grande Ore

(Date of) .....

Filed OCT 22 1938, 193.....

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Union } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Orval E. Rayburn & Mary Jane Birdwell Rayburn being first duly sworn says that I are the father & mother of Claude Eldon Rayburn
(Relationship of child)*

born Sept 21, 1909 at Soldier, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that we desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Claude Eldon Rayburn hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Dewitt Higgs M. D. was the Midwife medical attendant at the birth of said Claude Eldon Rayburn and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Orval E. Rayburn
P. O. Address Mary Jane Birdwell Rayburn
La Grande Ore.

Subscribed and sworn to before me this 20 day of Oct, 1938

Rodney J. Kitchen
Notary Public.

my com. June 7-1940

Residing at La Grande, Ore. ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A-433.119.C1K-685

1/12/69

1. PLACE OF BIRTH

County of CANYON

City of CALDWELL

No. Rural ~~Route~~ St.

(If born in hospital or institution give name.)

OCT 25 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

272269

Registration District No. ..... State File No. 272269

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD PAUL IRWIN McCONNEL

3. Sex MALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? YES | 8. Date of birth MAY 19, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Elmer McConnel	18. Full maiden name Idella Wheeler
10. Residence (usual place of abode) (If non-resident, give place and State) Near High Valley Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) High Valley Idaho
11. Color or race White | 12. Age at last birthday 25 (years)	20. Color or race White | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Parma Idaho	22. Birthplace (city or place) (State or Country) Dawson - Minn
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranching	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Ranching
16. Date (month and year) last engaged in this work 5, 1909 | 17. Total time (years) spent in this work all life	25. Date (month and year) last engaged in this work May, 1909 | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? usual

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 5 A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) ..... M. D.
not or ..... Midwife
Address .....

Filed OCT 25 1938, 193....

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Idella Wheeler McConnel being first duly sworn says that She is the mother (Relationship of child)* of Paul Irwin McConnel born May 19 1909 (Date of birth) at Caldwell, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Paul Irwin McConnel hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.** (Was recorded at Caldwell Idaho but not records seems available

Affiant further states that Dr. Young M. D. was the ~~Midwife~~ medical attendant at the birth of said Paul Irwin McConnel and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Idella Wheeler McConnel
P. O. Address Wilder Idaho

Subscribed and sworn to before me this 24 day of October, 1938

Thomas Waugherty
Notary Public.
Notary Public residing at Wilder, Idaho
Residing at ....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

745-115-229-795

1. PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

(If born in hospital or institution give name.)

OCT 24 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

272271

Registration District No. ..... State File No. 272271

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD DONALD ELMER GREEN

3. Sex male | If plural births: 4. Twin, triplet, or other — | 5. Number, in order of birth — | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Feb 15, 1909 (Month, Day, Year)

FATHER

9. Full name Daniel Elmer Green

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race white | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Wyandotte Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain buyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Flour mill

16. Date (month and year) last engaged in this work Feb, 1909 | 17. Total time (years) spent in this work 2

MOTHER

18. Full maiden name Sophia Mayfelle Green

19. Residence (usual place of abode) (If non-resident, give place and State) Troy Idaho

20. Color or race white | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) Lacasaffi Maine

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Feb, 1909 | 26. Total time (years) spent in this work life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) W. E. Green father, ~~M. D.~~

or Doctor cannot be located, ~~Midwife~~

Address .....

Filed ~~OCT 24 1938~~, 193.....

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Dominion of Canada
County of Provincey alberta } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

David Green being first duly sworn says that he is the father of DONALD ELMER GREEN
(Relationship of child)*

born Feb 15 1909 at Troy, Latah Co, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Donald Elmer Green hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Olson M. D. was the ~~Midwife~~ medical attendant at the birth of said Donald Elmer Green and that the said medical attendant is cannot now be located
(Now deceased (or) cannot be located)

Name of Affiant David E Green
P. O. Address Hanna alberta

Subscribed and sworn to before me this 15 day of October, 1938

Joyce A Coughlin
Notary Public.
Residing at Hanna alberta ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

312-09-075394

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth ...ed.

1. PLACE OF BIRTH

County of Nez Perce

City of Culdesac, Idaho

No. ..... St.

(If born in hospital or institution give name.)

REC... NOV 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

272310

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arthur L. Case

3. Sex boy | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 11-29, 1938 (Month, Day, Year)

FATHER	MOTHER
9. Full name Sherman C. Case	18. Full maiden name Margaret ~~Case~~ Simmons
10. Residence (usual place of abode) Sunnyside, Wash. (If non-resident, give place and State)	19. Residence (usual place of abode) Sunnyside, Wash. (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 73 (years)	20. Color or race White | 21. Age at last birthday 66 (years)
13. Birthplace (city or place) East Des Moines (State or Country) Iowa	22. Birthplace (city or place) Walla Walla (State or Country) Wash.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sunnyside, Wash. Public School	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Sunnyside, Wash. home
16. Date (month and year) last engaged in this work 11-11, 1938 | 17. Total time (years) spent in this work 35	25. Date (month and year) last engaged in this work 11-12, 1938 | 26. Total time (years) spent in this work 45

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother three (At time of this birth and including this child) (a) Born alive and now living ~~yes~~. (b) Born alive but now dead ~~x~~ one (c) Stillborn x

29. If stillborn, period of gestation x months or weeks | 30. Cause of stillbirth x Before labor x During labor x

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Sherman C. Case, Father, ~~M. D.~~

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed NOV 14 1938, 193...

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of .....

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sherman C. Case being first duly sworn says that he is the father (Relationship of child)* of Arthur L. Case born Nov. 29 1909 (Date of birth) at Culdesac, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Arthur L. Case ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Gideon Tiffany ~~M. D.~~ was the Midwife medical attendant at the birth of said Arthur L. Case and that the said medical attendant is Cannot be located (Now deceased (or) cannot be located)

Name of Affiant Sherman C. Case

P. O. Address .....

Subscribed and sworn to before me this 12 day of Nov, 1938

Keystone
Notary Public.

Residing at Summerville, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

242-202-048 344

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

272339

NOV 7 1938

Registration District No. 30 State File No.

Prim. Registration District No. 1051 Local Registrar's No. 314

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 904-A St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Elizabeth May Busby

3. Sex Female

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term X

7. Legitimate? Yes

8. Date of birth June 2, 1909 (Month, Day, Year)

FATHER

9. Full name Albert Busby

10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene Ida

11. Color or race White | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) Philadelphia (State or Country) Pennsylvania

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work March, 1909

17. Total time (years) spent in this work 9 years

MOTHER

18. Full maiden name Katherine Mary Emmingham

19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene

20. Color or race White | 21. Age at last birthday 35 (years)

22. Birthplace (city or place) Blue Rapids (State or Country) Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work June, 1909

26. Total time (years) spent in this work 14 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 8:00 p.m. on the date above stated.

(Signed) John O Wood, M. D.

or Midwife

Address Coeur d'Alene, Ida.

Filed Nov. 2, 1938 L. C. Kotchen M.D. Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

866-128 028-266

273310

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 7 1938

CERTIFICATE OF BIRTH

273310

Registration District No. 3 6 State File No. .....

Prim. Registration District No. 10 5 1 Local Registrar's No. 337

2. FULL NAME OF CHILD Ernest Ray Hood

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth March 28, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Guy Edward Hood	18. Full maiden name Martha Bower
10. Residence (usual place of abode) (If non-resident, give place and State) Coeur D'Alene	19. Residence (usual place of abode) (If non-resident, give place and State) Coeur D'Alene
11. Color or race White 12. Age at last birthday 28 (years)	20. Color or race White 21. Age at last birthday 18 (years)
13. Birthplace (city or place) Clinton (State or Country) Kansas	22. Birthplace (city or place) ..... (State or Country) Penn.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work 5	26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living I (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at — m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Guy Edward Hood, ~~M. D.~~

~~or~~ Father, ~~Midwife~~

Address 2720 S.W. 5th. Ave., Portland, Ore

Filed 12-5, 1938 H. Crotsley M.D.

Registrar.

BOTH
DELAYED

dwp 061909-2764812

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Multnomah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Guy Edward Hood being first duly sworn says that Ernest is the son (Relationship of child)* of Guy Edward Hood born March 28, 1909 (Date of birth) at Couer D'Alene, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ernest Ray Hood hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Guy Edward Hood
P. O. Address 2720 S.W. 5th. Ave., Portland, Oregon

Subscribed and sworn to before me this 25th day of November, 1938

H. G. Strayer
Notary Public.

Residing at Portland, Oregon, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My commission expires Jan. 3, 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

273344

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Ada
City of Boise
No. 1215 W. Jefferson St.
279-114 001-5884
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Warren David Springer

3. Sex M
If plural births: 4. Twin, triplet, or other —; 5. Number, in order of birth —
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth Nov 14th, 1909 (Month, Day, Year)

FATHER

9. Full name Warren David Springer
10. Residence (usual place of abode) 1215 Jefferson (If non-resident, give place and State) Boise, Idaho
11. Color or race W | 12. Age at last birthday 45 (years)
13. Birthplace (city or place) Canada (State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Lula Eymann
19. Residence (usual place of abode) 1215 Jefferson (If non-resident, give place and State) Boise, Idaho
20. Color or race W | 21. Age at last birthday 39 (years)
22. Birthplace (city or place) Illinois (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None Used

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5:00 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....
Registrar.

(Signed) L. M. Taylor, M. D.
or ....., Midwife
Address Boise, Idaho

Filed DEC 14 1938, 193.....
Registrar.

759-11-003-897

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

REC NOV 15 1938

Registration District No. ..... State File No. 273345

Prim. Registration District No. ..... Local Registrar's No. 58

1. PLACE OF BIRTH
County of Bannock
City of Soda Springs
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Harold Ulrich Gerber

3. Sex Boy

If plural births: 4. Twin, triplet, or other One; 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth July 11, 1909 (Month, Day, Year)

FATHER

9. Full name John Ulrich Gerber

10. Residence (usual place of abode) Soda Springs Idaho (If non-resident, give place and State)

11. Color or race White | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Switzerland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Rosa Etta Higley

19. Residence (usual place of abode) Soda Springs Idaho (If non-resident, give place and State)

20. Color or race White | 21. Age at last birthday 17 (years)

22. Birthplace (city or place) (State or Country) Ogden, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver

28. Number of children of this mother One (At time of this birth and including this child)
(a) Born alive and now living One (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation No months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 11 # P m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....
Registrar.

(Signed) Ellis Kackley Ellis Kackley, M. D.

or ....., Midwife

Address Soda Springs, Idaho.

Filed 11-9-, 1938 Dr Russell Tigert
Registrar.

469 201 021 493

DEC 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

273359

Registration District No. 27 State File No.

Prim. Registration District No. 2119 Local Registrar's No. 132

1. PLACE OF BIRTH
County of Franklin
City of Preston
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lucy Morrison

3. Sex Female

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth 1 Aug 1909 (Month, Day, Year)

FATHER

9. Full name John A Morrison

10. Residence (usual place of abode) (If non-resident, give place and State) Preston

11. Color or race White 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Franklin Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work Farming, 1909

17. Total time (years) spent in this work 20 yrs

MOTHER

18. Full maiden name Anna D Miller

19. Residence (usual place of abode) (If non-resident, give place and State) Preston

20. Color or race White 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Logan Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work 2 yrs, 1909

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn
Two

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or ~~Stillborn~~) at 9 a m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report (Date of)

Registrar.

(Signed) , M. D.

or Nancy E Beckstead, Midwife

Address Preston

Filed Dec 8, 1938 G. W. Stokes Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. All items must be filled in. Use ditto marks if no data. Do not omit any item. Use one line only. Do not write in margins. Use one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

714372

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 19 1939

CERTIFICATE OF BIRTH

274372

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 693-208 028-269 St.
(If born in hospital or institution give name.)

Registration District No. 30 State File No.
Prim. Registration District No. 1051 Local Registrar's No. 4

2. FULL NAME OF CHILD Mary Wilma Wilson

3. Sex F. | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term X | 7. Legitimate? yes | 8. Date of birth Sep. 8, 1909 (Month, Day, Year)

FATHER

9. Full name Robert Ross Wilson
10. Residence (usual place of abode) (If non-resident, give place and State) R.2 Coeur d'Alene
11. Color or race W | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Clay Center Nebraska

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Elava Swick
19. Residence (usual place of abode) (If non-resident, give place and State) R.2 Coeur d'Alene
20. Color or race W | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Galliapolis, Ohio

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation months or weeks | 30. Cause of Stillbirth During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John D. Wood, M. D.
or ....., Midwife
Address Coeur d'Alene, Idaho

Give name added from a supplemental report
(Date of)
Registrar.

Filed January 10, 1939 L. L. Kretcher M.D.
Registrar.

DELAYED

294-215-028-897

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

274374

JAN 13 1939

Registration District No. 30 State File No.

Prim. Registration District No. 2051 Local Registrar's No. 2

1. PLACE OF BIRTH
County of Kootenai
City of Carlin Bay
No. (Cda Marine Rt) St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Freda Kruger

3. Sex Female

If plural births { 4. Twin, triplet, or other ; 5. Number, in order of birth

6. Premature ; Full term Yes

7. Legitimate? Yes

8. Date of birth Sept. 15, 1909 (Month, Day, Year)

FATHER

9. Full name Edward Kruger

10. Residence (usual place of abode) (If non-resident, give place and State) Carlin Bay, Idaho

11. Color or race W | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) Pommern (State or Country) Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm

16. Date (month and year) last engaged in this work Sept. 15, 1909

17. Total time (years) spent in this work 2 yrs.

MOTHER

18. Full maiden name Amelia Higgleke

19. Residence (usual place of abode) (If non-resident, give place and State) Carlin Bay, Idaho

20. Color or race W | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) West Prussia (State or Country) Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Sept. 15, 1909

26. Total time (years) spent in this work 2 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor ; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 11 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Amelia Kruger, M. D.

or mother, Midwife

Address 2910 E. Indiana, Spokane, Wash.

Filed January 9, 1939 L. L. Kistler Registrar.

JUL 1 6 1969

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Amelia Kruger being first duly sworn says that she is the mother (Relationship of child)* of Freda Kruger born September 15, 1909 (Date of birth) at Carlin Bay (CDA Marine Rt.), Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Amelia Kruger hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that no Doctor M. D. was the Midwife medical attendant at the birth of said Freda Kruger and that the said medical attendant is her mark (Now deceased (or) cannot be located)

Witnesses to her mark
Fred O. Suter
Jas. C. White

Name of Affiant Amelia (+) Kruger
P. O. Address 2910 E. Indiana, Spokane, Wash.

Subscribed and sworn to before me this 9 day of January, 1939

Clerk of the District Court
Ex-Officio Auditor and Recorder
Jas. A. Foster
By Jas. C. White, Deputy
Notary Public.
Residing at, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

469113 001-984

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

274382

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1934 No 15th St. St.

RECEIVED JAN 3 1939

Registration District No. ..... State File No. .....

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Raymond Seagraves Morris

3. Sex M. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? Yes | 8. Date of birth June 13th, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name George L Morris	18. Full maiden name Wilma B Remington
10. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida
11. Color or race W	12. Age at last birthday 29 (years)	20. Color or race W	21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Iowa	22. Birthplace (city or place) (State or Country) Nebr
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work to date, 19....	17. Total time (years) spent in this work 6 yrs.	25. Date (month and year) last engaged in this work to date, 19....	26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argnos 1% sol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2.10 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) John Brick, M. D.
or ....., Midwife.
Address Boise Ida.
Filed JAN 3 1939, 193....

Registrar.

DELAYED

A 813 215 023-419

WRITE PLAINLY With Pen and Ink—FADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gem
City of Ola
No. ..... St.
(If born in hospital or institution give name.)

DEC 20 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

274396

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gladys Fern Hall

3. Sex Fem | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth ..... | 6. Premature — Full term Yes | 7. Legitimate? Yes | 8. Date of birth March 15 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name John F. Hall	18. Full maiden name Sarah Marler
10. Residence (usual place of abode) (If non-resident, give place and State) Ola, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Ola Idaho
11. Color or race White | 12. Age at last birthday 29 (years)	20. Color or race White | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) near Stoneport (State or Country) Johnson County Illinois	22. Birthplace (city or place) Cleveland (State or Country) Tennessee
OCCUPATION 14. Trade, ~~profession, or particular~~ kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION 23. Trade, profession, ~~or particular~~ kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work ....., 19.. | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed DEC 20 1938, 193..
..... Registrar.

K

DELAYED

DECEASED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Gem } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John F. Hall being first duly sworn says that he is the Father of Gladys Fern Hall
(Relationship of child)*
born March 15 1909 at Ola, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Gladys Fern Hall hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. B. C. Clark M. D. was the Midwife medical attendant at the birth of said Gladys Fern Hall and that the said medical attendant is now located at Milwaukee Wisconsin.
(Now deceased (or) cannot be located)

Name of Affiant John F. Hall
P. O. Address Ola Idaho

Subscribed and sworn to before me this 7th day of October, 1938

H. Hall
Notary Public.
Residing at Emmett, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1. PLACE OF BIRTH

County of Bingham

City of Idaho Falls Ida

No. 289-106 006 619 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 19 1939

CERTIFICATE OF BIRTH

275368

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Roy Leon Shipley

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term —

7. Legitimate? —

8. Date of birth May 6, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Carleon Ernest Shipley	18. Full maiden name Martha Elnor Ward
10. Residence (usual place of abode) Idaho Falls (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) Idaho Falls, Ida (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 24 (years)	20. Color or race White 21. Age at last birthday 22 (years)
13. Birthplace (city or place) Franklin (State or Country) Idaho	22. Birthplace (city or place) Iona (State or Country) Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Maker	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Harness Shop	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. household
16. Date (month and year) last engaged in this work May 6, 1909	25. Date (month and year) last engaged in this work ~~May~~ Unknown, 19~~09~~
17. Total time (years) spent in this work 5 Mos	26. Total time (years) spent in this work ~~5 Mos~~

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1

(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — { months or weeks

30. Cause of Stillbirth — { During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 6 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Carleon Ernest Shipley (father), ~~M.D.~~

or ....., Midwife

Address Bancroft, Idaho

Filed JAN 19 1939, 193.....

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Roy Leon Shipley being first duly sworn says that he is the Son (Relationship of child)* of Pearleon Ernest Shipley

born May 6 1909 (Date of birth) at Idaho Falls, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Roy Leon Shipley hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

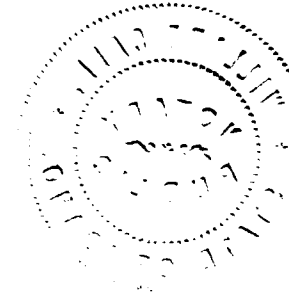
Affiant further states that M. D. was the Midwife medical attendant at the birth of said Roy Leon Shipley and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Roy Leon Shipley
P. O. Address Bancroft, Idaho

Subscribed and sworn to before me this 17th day of January, 1939

Willard Earl
Notary Public.
Residing at Bancroft, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



431 126001 359

JAN 25 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 275392

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St. Boyd Hospital

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Frank James McAtee

3. Sex: male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term yes

7. Legitimate? Yes

8. Date of birth June 26, ~~193~~ 1909 (Month, Day, Year)

FATHER

9. Full name: Frank Frayne McAtee

10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls Idaho

11. Color or race White 12. Age at last birthday ~~Born 1876~~ 33 (years)

13. Birthplace (city or place) (State or Country) Burton, Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Office

16. Date (month and year) last engaged in this work January, 1939

17. Total time (years) spent in this work 38

MOTHER

18. Full maiden name: Lulu Leigh

19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls, Ida

20. Color or race White 21. Age at last birthday ~~Born 1880~~ 29 (years)

22. Birthplace (city or place) (State or Country) Malad, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work January, 1939

26. Total time (years) spent in this work 39

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at _____ m. on the date above stated.

(Signed) Joe Boyd M. D.

or _____ Midwife

Address 215 Amureau Ave, Twin Falls Idaho

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

Filed JAN 25 1939 193

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

793 220 029 — 793

775443

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Viola

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED FEB 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

275443

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gladys Eva Pitt

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Dec. 20, ~~1908~~ 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Lewis George Rutherford Pitt	18. Full maiden name Amelia Pearl Pitt
10. Residence (usual place of abode) Burbank, Wash (If non-resident, give place and State)	19. Residence (usual place of abode) Burbank, Wash. (If non-resident, give place and State)
11. Color or race Caucasian 12. Age at last birthday 32 (years)	20. Color or race Caucasian 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Iowa	22. Birthplace (city or place) Leavenworth county (State or Country) Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laborer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:00 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(~~Signed~~) Dr David B Harrison (deceased), M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Registrar.

Filed FEB 10 1939 193.....

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Territory of Hawaii
County of Maui } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Amelia Pearl Pitt being first duly sworn says that she is the mother of Gladys Eva Pitt Jackson
(Relationship of child)*

born December 20th. 1909 at Viola, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Gladys Eva Pitt Jackson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. David B. Harvison M. D. was the Midwife medical attendant at the birth of said Gladys Eva Pitt Jackson and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mrs Amelia Pearl Pitt

P. O. Address Burbank, Washington

Subscribed and sworn to before me this 31st. day of January, 1939

Moshe Bodacat E
NOTARY PUBLIC, SECOND JUDICIAL CIRCUIT, Notary Public.
Residing at, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

249-106 042 854

276409

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls,
City of Twin Falls,
No. 5th ave east St.
(If born in hospital or institution give name.)

FEB 16 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 276409

Registration District No. 37 State File No.
Prim. Registration District No. 10 85 Local Registrar's No. 53

2. FULL NAME OF CHILD Raymond D. Smith

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term X | 7. Legitimate? X | 8. Date of birth Oct. 6th, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: William J. Smith	18. Full maiden name: Clara Bell Heughan
10. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls,	19. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls,
11. Color or race: W | 12. Age at last birthday: 49 (years)	20. Color or race: W | 21. Age at last birthday: 36 (years)
13. Birthplace (city or place) (State or Country): Wallron Michigan	22. Birthplace (city or place) (State or Country): Chicago, Ill
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Police Judge	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Hswife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn

29. If stillborn, period of gestation { months or weeks | 30. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or ~~Stillborn~~) at 10:00 P. m. on the date above stated.

(Signed) Clara B Smith Mother M. D.
or ....., Midwife
Address Twin Falls, Idaho

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report
(Date of)
Registrar.

Filed Feb. 13 -, 1939 [signature] Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Twin Falls, } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Clara Bell Smith being first duly sworn says that she is the Mother (Relationship of child)* of Raymond D. Smith born Oct. 6th 1909 (Date of birth) at Twin Falls, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Raymond D. Smith hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that W. F. Pike M. D. was the Midwife medical attendant at the birth of said Raymond D. Smith and that the said medical attendant is Cannot be located (Now deceased (or) cannot be located)

Name of Affiant Clara Bell Smith

P. O. Address Twin Falls, Idaho

Subscribed and sworn to before me this 13th day of February, 1939

[signature]
Notary Public.

Residing at Twin Falls, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

219-113 022-264

276410

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 20 1939

Registration District No. _____ State File No. 276410

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Fremont
City of St. Anthony
No. _____ St.
State of Idaho
(If born in hospital or institution give name.) Born in residence

2. FULL NAME OF CHILD Forrest J. Barnett

3. Sex Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ Single

6. Premature No Full term Yes

7. Legitimate? Yes

8. Date of birth October 13 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: David Barnett	18. Full maiden name: Birdie Southworth
10. Residence (usual place of abode) (If non-resident, give place and State): St. Anthony Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): St. Anthony Idaho
11. Color or race: White 12. Age at last birthday: 37 (years)	20. Color or race: White 21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): Payson, Utah County State of Utah	22. Birthplace (city or place) (State or Country): Farmington, Davis Co. State of Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Supervisor National Forest	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Employe of Forest Service	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: Up to time of birth, 19	25. Date (month and year) last engaged in this work: Up to son's birth, 19
17. Total time (years) spent in this work: 5 yrs.	26. Total time (years) spent in this work: six yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation None months or weeks

30. Cause of stillbirth None Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was October 13, 1909 at 1 A.M. on the date above stated.

Attending physician was Dr. Hummel

When there was no attending physician or midwife, then the father, householder, etc., should make this return. Who is now deceased.

(Born Alive ~~or Stillborn~~)

(Signed) Birdie Southworth Hunt M.D.

or _____ Mother (whose name was when Birdie Southworth Barnett but whose name is now Birdie Southworth Hunt) Midwife

Address 174 East 5th North Street, Salt Lake City, Utah

Give name added from a supplemental report _____

(Date of)

Filed _____ 193

Registrar.

Subscribed & sworn to before me this February 17, 1939. W. J. Mitchell Notary Public residing at Salt Lake City, Utah.

Registrar

FEB 20 1939

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Salt Lake } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Birdie Southworth Hunt being first duly sworn says that she is the mother (Relationship of child)* of Forest J. Barnett born October 13, 1909 (Date of birth) at St. Anthony, Idaho, whose certificate of birth is hereto attached, and that desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Forest J. Barnett hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Hummel M. D. was the ~~XXXXXX~~ medical attendant at the birth of said Forest J. Barnett and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Birdie Southworth Hunt
P. O. Address 174 West 5th North Street ~~Salt Lake City, Utah~~

Subscribed and sworn to before me this 18th day of February, 19 39

W. J. Mitchell
Notary Public.
Residing at Salt Lake City, Utah, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 15 1939

AFFIDAVIT.

STATE OF UTAH)
) SS
COUNTY OF SALT LAKE)

BIRDIE HUNT, being first duly sworn on her oath deposes and says:

That she is a resident of Salt Lake City, Utah and is the wife of Robert Hunt; that during and for some years prior and subsequent to the year 1909 she was the wife of David Barnett; that she is the mother of Forrest J. Barnett who now resides at Apartment #36, No. 2035 Broadway, San Diego, California; that the said Forrest J. Barnett was born at St. Anthony, Idaho, on ~~November~~ 13, 1909.

Birdie Hunt

Subscribed and sworn to before me this 4th day of May, 1936.

Emma Cressley
Notary Public residing at Salt Lake City, Utah.
My commission expires June 18, 1937

AFFIDAVIT

STATE OF UTAH)
) SS
COUNTY OF SALT LAKE)

LILLIE SOUTHWORTH, being first duly sworn on her oath deposes and says that she is the mother of Birdie Southworth Hunt (formerly Birdie Southworth Barnett); that she resides at Salt Lake City, Utah, and is of the age of 77 years; that she was present on October 13, 1909 at the birth in St. Anthony, Fremont County, Idaho, of Forrest J. Barnett, son of the said Birdie Southworth Barnett; that she knows that the said Forrest J. Barnett was born on said October 13, 1909 at St. Anthony, Idaho; ~~and that the statements made by the said Birdie Southworth Hunt in~~ the annexed Certificate of Birth of the said Forrest J. Barnett are correct to the best of her knowledge and belief.

Lillie Southworth

Subscribed and sworn to before me this 18th day of February, 1939.

W. J. Mitchell
Notary Public residing at Salt Lake City, Utah.
My commission expires Aug. 5, 1940.

249-215 029-338

764 v v

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Potlatch

No. FEB 23 1939

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

276422

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Hazel Irene Smith

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth May 15th, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Homer Ray Smith	18. Full maiden name Ellen Clyde
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 25 (years)	20. Color or race white 21. Age at last birthday 21 (years)
13. Birthplace (city or place) Buchanan Co. (State or Country) Iowa	22. Birthplace (city or place) Latah Co. (State or Country) Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ~~farm~~, 19....	25. Date (month and year) last engaged in this work, 19....
17. Total time (years) spent in this work Life work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother first (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 7a.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or Lucetta S. Hadduck Hodge, Midwife

Address Palouse

Filed FEB 23 1939, 193.... Registrar.

636-105-022-415

276501

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

276501

MAR 15 1939

1. PLACE OF BIRTH
County of Fremont
City of
No. St.
(Born on Ranch)
(If born in hospital or institution give name.)

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD LEON DELROY FLORES

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term ✓ | 7. Legitimate? Yes | 8. Date of birth 11, 5, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Thomas Walker Flores	18. Full maiden name Sarah Francis Mangum
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 43 (years)	20. Color or race White 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Denton County Texas	22. Birthplace (city or place) (State or Country) Garfield County, Utah.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work 16	26. Total time (years) spent in this work 16

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 8 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 2 P m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

Registrar.

(Signed) Thomas Walker Flores, ~~M. D.~~
or Attendant, ~~Midwife~~
Address
Filed 3/N/39, 193...

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Lewis } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Thomas Walker Flores being first duly sworn says that he is the Father (Relationship of child)* of Leon Delray Flores, born November 5 1909 (Date of birth) at Parker Fremont Co., Idaho, whose certificate of birth is hereto attached, and that — he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Leon Delray Flores hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that He was the attendant M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Thomas Walker Flores
P. O. Address Box 174 Lewiston Idaho

Subscribed and sworn to before me this 11th day of March, 1939

W G Lentz
Notary Public.
Residing at Winchester, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Blaine
City of Carval Idaho
No. 319-211 007-685 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 276508

MAR 17 1939

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Doris Bessie Laird.

3. Sex girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes. | 8. Date of birth Oct. 11, 1909 (Month, Day, Year)

FATHER

9. Full name Paul D. Laird
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Webster Co. Neb.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work All of life

MOTHER

18. Full maiden name Lydia Augusta Wheeler
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Norfolk Nebr. Madison Co.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work All my life.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) D P Higgs, M. D.
or ....., Midwife
Address Soldier, Idaho then, now Chula Vista, Calif
Filed ....., 193....

Registrar.

MAR 17 1939

FEB 5 1969

DECEASED

954-102 003-289

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Sterret,
No. ____ St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 8 1939

CERTIFICATE OF BIRTH

276512

Registration District No. 84 State File No. ____
Prim. Registration District No. 2161 Local Registrar's No. 4

2. FULL NAME OF CHILD Tom Elmer Remmington

3. Sex Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term X
7. Legitimate? Yes
8. Date of birth Oct. 2, 1909 (Month, Day, Year)

FATHER

9. Full name Thomas S. Remmington
10. Residence (usual place of abode) (If non-resident, give place and State) Sterret Bancroft.
11. Color or race W | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Tooele, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work ANo engaged, 1909
17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Mergaret May Shipley
19. Residence (usual place of abode) (If non-resident, give place and State) Sterret Bancroft.
20. Color or race W | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Woodruff, Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Now, 19____
26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) Ellis Kackley, M. D.
or ____, Midwife
Address Soda Springs, Idaho
Filed Mar-1-, 1939 Mrs. G. G. Fitz Registrar.

266-211037-215

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Owyhee
City of DeLamar
No. ..... St.
(If born in hospital or institution give name.)

MAR 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

276545

Registration District No. 43 State File No. .....
Prim. Registration District No. 2120 Local Registrar's No. 26

2. FULL NAME OF CHILD Justine Jean Bowden

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 1-11, 1939 (Month, Day, Year)

FATHER

9. Full name Richard M Bowden
10. Residence (usual place of abode) (If non-resident, give place and State) DeLamar Idaho
11. Color or race W | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Malheur Co, Ore. (State or Country) Bowden PO

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own Barber shop
16. Date (month and year) last engaged in this work Present, 19..... | 17. Total time (years) spent in this work 7

MOTHER

18. Full maiden name Rose Sanchez
19. Residence (usual place of abode) (If non-resident, give place and State) DeLamar Idaho
20. Color or race W | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) Austin (State or Country) Nev

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House-Keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work Present, 19..... | 26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 1 m. on the date above stated.

(Signed) Thos D Farrer deceased, M. D.
or Ella Jolly deceased, Midwife
Address DeLamar Idaho
Filed March 8th, 1939 T. H. Leonard
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
.....
Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of CALIFORNIA
County of SAN FRANCISCO } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Richard M. Bowden being first duly sworn says that he is the Father of Justine Jean Bowden
(Relationship of child)*

born 1-11 1909 at Delamar Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Richard M. Bowden desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Justine Jean Bowden hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Thos. D. Farrer M. D. was the ~~Midwife~~ medical attendant at the birth of said Justine Jean Bowden and that the said medical attendant is ~~Otto Jolly~~ now deceased
(Now deceased (or) ~~cannot be located~~)

Name of Affiant Richard M. Bowden
P. O. Address 1242 Capitol Ave San Francisco Cal.

Subscribed and sworn to before me this 1st day of March, 1939

George Costrata
NOTARY PUBLIC IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO, STATE OF CALIFORNIA
Notary Public.

Residing at CITY AND COUNTY OF SAN FRANCISCO, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MY COMMISSION EXPIRES
APRIL 22, 1942

4/15- 209-007-231

277428

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 28 1939

Registration District No. ..... State File No. 277428

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Blaine
City of American Falls
No. ..... Idaho St.
(If born in hospital or institution give name)

2. FULL NAME OF CHILD Hazel Laverle Davis

3. Sex F

If plural births: 4. Twin, triplet, or other one; 5. Number, in order of birth .....

6. Premature yes; Full term .....

7. Legitimate? yes

8. Date of birth Oct 9th - 1909, 193 (Month, Day, Year)

FATHER

9. Full name Arthur Wynn Davis.

10. Residence (usual place of abode) (If non-resident, give place and State) American Falls Idaho

11. Color or race White | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Rapid City, Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work October, 1912

17. Total time (years) spent in this work 5 1/2

MOTHER

18. Full maiden name Mary Josephine Black

19. Residence (usual place of abode) (If non-resident, give place and State) American Falls, Idaho

20. Color or race White | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) Jamaica, Iowa.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work March, 1939

26. Total time (years) spent in this work 3 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2 CC. Silver Nitrate

28. Number of children of this mother three (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 5:30 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mary Josephine Black Davis, M.D. ~~Midwife~~
Father Arthur Davis Mother

Give name added from a supplemental report .....
(Date of)
Registrar.

Address AMERICAN FALLS, IDAHO.

Filed MAR 28 1939 193.... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

APR 5 1944

STATE OF IDAHO

C.A.Bottolfsen [redacted] GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO,
County of POWER, } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Josephine Black Davis, being first duly sworn says that she is the Mother of Hazel Laperle Davis,
(Relationship of child)*

born October 9th, 1909, near xxx American Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Hazel Laperle Davis hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Richard F. Noth, M. D. was the ~~Midwife~~ medical attendant at the birth of said Hazel Laperle Davis and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mary Josephine Black Davis Mother

P. O. Address American Falls, Idaho.

Subscribed and sworn to before me this 25th day of March, 1939.

[signature]
Notary Public.

Residing at American Falls, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission expires October 22nd, 1939.

236-12-00-253

RECEIVED MAR 31 1939

277436

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

277436

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1417 N. 9th St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Harry Walter Stotler Jr.

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Sept 27, 1939 (Month, Day, Year)

9. Full name Harry W. Stotler Sr.

10. Residence (usual place of abode) (If non-resident, give place and State) Boise Ada

11. Color or race white | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work June, 1938

17. Total time (years) spent in this work 7

FATHER

MOTHER

18. Full maiden name Harriet Louise Kelley

19. Residence (usual place of abode) (If non-resident, give place and State) Boise Ada

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work Mar. 29, 1939

26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living X (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 12:30 a.m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Harry W. Stotler Sr. ~~M. D.~~
or ..... ~~Midwife~~ Father
Address 1315 W. 54 St. Los Angeles

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed MAR 31 1939, 193... ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

.....being first duly sworn says that he is the father of Harry Walter Stotler Jr.
(Relationship of child)*

born Sept 27 1909 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Harry Walter Stotler Jr. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that R. L. Glass M. D. was the ~~Midwife~~ medical attendant at the birth of said Harry Walter Stotler Jr and that the said medical attendant is ~~(Now deceased (or)~~ cannot be located)

Name of Affiant Harry W. Stotler Sr.
P. O. Address 315 Sec. 5th St. Los Angeles

Subscribed and sworn to before me this 19th day of March, 1939.

Harold J. [illegible]
Notary Public.

My commission Expires Dec. 10, 1941

Residing at Los Angeles California, ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

183-112-028-955

277444

RECEIVED MAR 31 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

277444

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 30 State File No. .....
Prim. Registration District No. 1051 Local Registrar's No. 92

2. FULL NAME OF CHILD Howard Ernest Ahlskog

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Dec. 12, 1909 (Month, Day, Year)

FATHER

9. Full name John Ahlskog
10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene
11. Color or race W | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Finland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Marie Sophia Reval
19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene
20. Color or race W | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) Finland

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 6 (a) Born alive and now living 6 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Ahlskog, M. D. or ~~Midwife~~
Address Father — RR 3 - Coeur d'Alene

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed March 25, 1939 H. L. Newcombe, M. D. Registrar.

[illegible]

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Ahlskog being first duly sworn says that he is the father (Relationship of child)* of Howard Ernest Ahlskog born December 12, 1909 (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Howard Ernest Ahlskog hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Nord ~~M. D.~~ was the Midwife medical attendant at the birth of said Howard Ernest Ahlskog and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant X John Ahlskog

P. O. Address

Subscribed and sworn to before me this 28 day of March, 1939

Clerk of the District Court
Jas. A. Foster Ex-Officio Auditor and Recorder
~~Notary Public.~~
~~Residing at~~ By Jas. C. White, Deputy, ~~Idaho.~~

*If the father and mother are dead, [redacted]t nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A386-125-608-168

277471

1. PLACE OF BIRTH

County of Boise

City of Pearl

No. ..... St.

(If born in hospital or institution give name.)

APR 12 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

277471

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Joseph McClurg Lyon Jr.

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Feb 25, 1909 (Month, Day, Year)

FATHER

9. Full name: Joseph McClurg Lyon

10. Residence (usual place of abode) (If non-resident, give place and State): Pearl, Idaho

11. Color or race: White | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) Ava (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: barber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: barber shop

16. Date (month and year) last engaged in this work: Feb, 1909

17. Total time (years) spent in this work: 10 yr

MOTHER

18. Full maiden name: Inga Amalie Johnson

19. Residence (usual place of abode) (If non-resident, give place and State): Pearl, Idaho

20. Color or race: White | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) Black River Falls (State or Country) Wisconsin

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Teacher ~~housewife~~

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: public schools

25. Date (month and year) last engaged in this work: June, 1903

26. Total time (years) spent in this work: 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Registrar.

Filed APR 12 1939, 193.... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of .....

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Joseph M. Lyon being first duly sworn says that he is the Father of Joseph McClurg Lyon Jr.
(Relationship of child)*

born February 25, 1909 at Pearl, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Joseph McClurg Lyon Jr. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Vivian Rohrbaugh ~~M. D.~~ Midwife was the medical attendant at the birth of said Joseph McClurg Lyon Jr and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Joseph M. Lyon
P. O. Address Winnemucca Nevada

Subscribed and sworn to before me this 12th day of April, 1939.

Agnes Dunn
Notary Public.

Residing at Boise, Idaho, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

133-210-020693

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED
MAR 24 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 277511

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Elmore
City of Atlanta
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD MILDRED WITTER ALLEN

3. Sex F.

If plural births { 4. Twin, triplet, or other ✓ 5. Number, in order of birth 1

6. Premature ✓ Full term ✓

7. Legitimate? YES

8. Date of birth 9 10, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles Sanford Allen	18. Full maiden name Irene Sarah Williams
10. Residence (usual place of abode) (If non-resident, give place and State) Atlanta Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) atlanta Idaho
11. Color or race W	20. Color or race W
12. Age at last birthday 23 (years)	21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Cleveland, Ohio	22. Birthplace (city or place) (State or Country) New York
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. M. D.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. (Nurse) H. W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Steel am, 1909	25. Date (month and year) last engaged in this work ~~PM~~ 9/10, 1909
17. Total time (years) spent in this work 2	26. Total time (years) spent in this work 2 (H W)

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Agno3 (Silver Nitrate 2%)

28. Number of children of this mother (At time of this birth and including this child)
One
(a) Born alive and now living ✓ (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ✓ { months or weeks

30. Cause of stillbirth ✓ { Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 P. m. on the date above stated.
(Born Alive or Stillborn)

(Signed) William L. Allen, M. D.
or ....., Midwife
Address Boise, Idaho
Filed ....., 193....
Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report.....
(Date of)
.....
Registrar.

MAR 24 1939

551-230-020-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Elmore

City of Mountain Home

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 7 1939

CERTIFICATE OF BIRTH

277512

Registration District No. 34 State File No. .....

Prim. Registration District No. 2020 Local Registrar's No. 9

2. FULL NAME OF CHILD Mildred Ernestine Evans

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Oct 30, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Ernest Harris Evans	18. Full maiden name Lena Ellen Turner
10. Residence (usual place of abode) Mountain Home (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) Mountain Home (If non-resident, give place and State) Idaho
11. Color or race white 12. Age at last birthday 23 (years)	20. Color or race white 21. Age at last birthday 21 (years)
13. Birthplace (city or place) Eugene (State or Country) Oregon	22. Birthplace (city or place) Atlanta (State or Country) Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? yes -

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 4 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Stan Boick, M. D.

or ....., Midwife

Address Boise Idaho

Filed April 3rd, 1939

Registrar.

MAR 2 1961

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A245-106
035 245

278501

RECEIVED
APR 25 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 278501

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Wez Per
City of Cavendish Idaho
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD James Wayne Bunger

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Oct 6, 1939 (Month, Day, Year)

9. Full name	FATHER	18. Full maiden name	MOTHER
	Orla Joseph Bunger Dr		Minnie Caroline Bunger
10. Residence (usual place of abode) (If non-resident, give place and State)	Cavendish Idaho	19. Residence (usual place of abode) (If non-resident, give place and State)	Cavendish Idaho
11. Color or race	White	20. Color or race	white
12. Age at last birthday	34 (years)	21. Age at last birthday	29 (years)
13. Birthplace (city or place) (State or Country)	Union City Indiana	22. Birthplace (city or place) (State or Country)	Fremont Ohio
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housekeeping
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work	?, 19....	25. Date (month and year) last engaged in this work	....., 19....
17. Total time (years) spent in this work	3	26. Total time (years) spent in this work	8 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. Minnie Bunger, M. D. or Mother, Midwife

Address Fife Wash c/o Oakwood Dairy

Give name added from a supplemental report .....
(Date of)

..... Registrar.

Filed ....., 193.... APR 25 1939 Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Pierce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Minnie Bunger. being first duly sworn says that she is the mother (Relationship of child)* of James Wayne Bunger born October 6th 1909 (Date of birth) at Cavendish, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said James Wayne Bunger hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

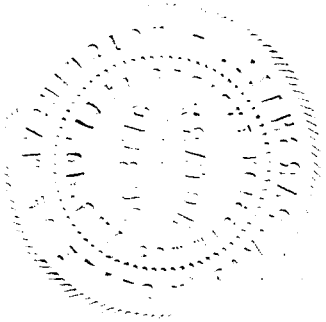
Affiant further states that Dr Stoneburner M. D. was the ~~Midwife~~ medical attendant at the birth of said James Wayne Bunger and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mrs Minnie Bunger
P. O. Address Fife, Wash c/o Oakwood Dairy

Subscribed and sworn to before me this 18th day of April, 1939.

J. M. Woshee
Notary Public.
Residing at Tacoma Wash, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



A943/11 008-315

278514

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 27 1939

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 278514

Prim. Registration District No. ..... Local Registrar's No. .....

1 PLACE OF BIRTH
County of Boise, now Valley
City of Van Wyck, now Cascade.
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ira William Rutledge.

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth July 11, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Edward Rutledge	18. Full maiden name Lovie Lillette Landreth.
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White 12. Age at last birthday 42 (years)	20. Color or race White 21. Age at last birthday 35 (years)
13. Birthplace (city or place) El Paso (State or Country) Illinois	22. Birthplace (city or place) Story County (State or Country) Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home.
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Eight (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead ..... (c) Stillborn 1

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed APR 27 1939, 193.... .....
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

[redacted]

278514

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James Edward Rutledge being first duly sworn says that he is the Father (Relationship of child)* of Ira William Rutledge born July 11 - 1905 (Date of birth) at Van Wyck, now Cascade, Idaho, whose certificate of birth is hereto attached, and that James Edward Rutledge desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ira William Rutledge hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Tutter M. D. was the ~~Midwife~~ medical attendant at the birth of said Ira William Rutledge and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant James Edward Rutledge
P. O. Address Middleton Idaho.

Subscribed and sworn to before me this 25 day of April, 1939.

Chas Gorhamer
NOTARY PUBLIC Notary Public.
MY COMMISSION EXPIRES MAY 31, 1939
RESIDING AT MIDDLETON, IDAHO

Residing at ....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

792.211 835-391

RECEIVED
MAY 1 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

278532

278532

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Culdesac
No. ..... St.
Homestead Claim
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Golda Mae Gibbs

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth May 11, 1909 193..... (Month, Day, Year)

FATHER

9. Full name William Thomas Gibbs

10. Residence (usual place of abode) (If non-resident, give place and State) Culdesac

11. Color or race W | 12. Age at last birthday 41 (years)

13. Birthplace (city or place) (State or Country) Kentucky

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 25 yrs

MOTHER

18. Full maiden name Alice Crace

19. Residence (usual place of abode) (If non-resident, give place and State) Culdesac

20. Color or race white | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) Kentucky

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Homekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? unknown

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 4 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended the birth of~~ saw this child, who was born alive at ? m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) Golda Mae Gibbs ~~M. D.~~
5738 Carlton Way Apt 305 ~~Midwife~~
Address Hollywood Calif

Sworn to and subscribed before me this 26 day of April, 1939

(Date of Birth)

Walter M. Lowe
Registrar
In and for the County of Los Angeles, State of California
My Commission Expires May 9, 1941

RECEIVED
Filed MAY 1 1939, 193.....
Registrar.

STATE OF IDAHO

278532

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sylvia Gibbs being first duly sworn says that she is the sister of Golda Mae Gibbs
(Relationship of child)*

born May 11, 1909 at Culdesac Nez Perce County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Golda Mae Gibbs hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Ragsdale M. D. was the ~~Midwife~~ medical attendant at the birth of said Golda Mae Gibbs and that the said medical attendant is unknown address at this time.
(Now deceased (or) cannot be located)

Name of Affiant Sylvia Gibbs

P. O. Address 5738 Carlton Way, Hollywood, Calif.

Subscribed and sworn to before me this 26 day of April, 1939

Dale M. Collier
Notary Public.

My commission expires 5-9-1941

Residing at Los Angeles, California, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A365 107 014 365

1. PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 9 1939

CERTIFICATE OF BIRTH

278616

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harlan Marion Conyers

3. Sex

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth April 7, 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name Vet Marion Conyers	18. Full maiden name Delia Emily Conyers
10. Residence (usual place of abode) (If non-resident, give place and State) Cranford Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 29 (years)	20. Color or race White | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) Little Lowix (State or Country) Cass County Iowa	22. Birthplace (city or place) Park City (State or Country) Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work present, 19.... | 17. Total time (years) spent in this work 1	25. Date (month and year) last engaged in this work Present, 19.... | 26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 8 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed MAY 9 1939, 193....

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Canyon~~ Idaho
County of Valley } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Delia Emily Conyers being first duly sworn says that she is the Mother of Harlan Marion Conyers
(Relationship of child)*

born April 7, 1907 at Emmett, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that affiant desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Harlan Marion Conyers hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Clark M. D. was the Midwife medical attendant at the birth of said Child and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Delia Emily Conyers
P. O. Address Cascade Idaho

Subscribed and sworn to before me this 4th day of ~~April~~ May, 1939

M D Kerby
Notary Public.

Residing at Cascade, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

851125 028-293

#280705

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

280705

RECEIVED JUN 17 1939

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene,
No. 3rd & Foster
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD William Kildea Healy

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth July 25th 1909, 193.... (Month, Day, Year)

9. Full name	FATHER	18. Full maiden name	MOTHER
	Joseph Patrick Healy		Ella Penrose Kildea
10. Residence (usual place of abode) (If non-resident, give place and State)	Coeur d'Alene ~~Idaho~~	19. Residence (usual place of abode) (If non-resident, give place and State)	Coeur d'Alene Idaho
11. Color or race	White	20. Color or race	White
12. Age at last birthday	~~30~~ 46 (years)	21. Age at last birthday	~~35~~ 37 (years)
13. Birthplace (city or place) (State or Country)	Castelbar, Ireland ~~County of Cork~~	22. Birthplace (city or place) (State or Country)	Fingal, Ontario, Canada.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	School Teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work	Died Sept, 1929	25. Date (month and year) last engaged in this work	May 1887, 19....
17. Total time (years) spent in this work	Lifetime	26. Total time (years) spent in this work	2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Seven
(a) Born alive and now living 7 (b) Born alive but now dead X (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, ~~householder, etc.,~~ should make this return. Deceased

(Signed) A. J. Kildea Uncle MMMM
or ~~Father & Mother Deceased~~, MMMM

Address 622 Lakeside Ave., Coeur d'Alene, Ida.

Filed 6-17-39, 193....

Registrar.

Registrar.

Give name added from a supplemental report .....

(Date of) .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 26 1939

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

A. J. Kildea- Uncle of William Kildea Healy Kildea being first duly sworn says that W. K. Healy is the Son (Relationship of child)* of Ella Penrose Healy & Joseph Patrick Healy

born July 25th 1909 (Date of birth) at Coeur d'Alene, Idaho,

whose certificate of birth is hereto attached, and that W. K. Healy desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said (W. K. Healy hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. John Busby M. D. was the Midwife medical attendant at the birth of said William Kildea Healy and that the said medical attendant is Now Deceased (Now deceased (or) cannot be located)

Name of Affiant A J Kildea (Uncle of above)

P. O. Address 501 Lakeside Ave, Coeur d'Alene, Idaho.

Subscribed and sworn to before me this 23rd day of June, 1939

Geo M Kunck
Notary Public.

Residing at Coeur d'Alene, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT COEUR D'ALENE, IDAHO
MY COMMISSION EXPIRES OCTOBER 31, 1942

414 209 035 433

RECEIVED JUL 5 1939

= 280718

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

280718

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. Tommany St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Pearl Elizabeth Maund

3. Sex Fem FEMALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? YES | 8. Date of birth JAN. 9, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name JOHN MAUND	18. Full maiden name ETHEL ~~[illegible]~~ BELL (Mc CABE) ~~[illegible]~~
10. Residence (usual place of abode) (If non-resident, give place and State) LEWISTON IDAHO	19. Residence (usual place of abode) (If non-resident, give place and State) LEWISTON IDAHO
11. Color or race WHITE 12. Age at last birthday 25 (years)	20. Color or race WHITE 21. Age at last birthday 18 (years)
13. Birthplace (city or place) (State or country) TENBURY WORCESTERSHIRE ENGLAND	22. Birthplace (city or place) (State or country) STEPTO BUTTE WASHINGTON
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc FARM LABOUR	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSE KEEPER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME
16. Date (month and year) last engaged in this work LIFE, 19 ..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work LIFE, 19 ..... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ~~John Maund~~ J. Perkins ~~[illegible]~~, M. D.
or John Maund (father), Midwife
Address Lewiston Idaho

Give name added from a supplemental report .....
(Date of)

Registrar.

Filed JUL 5 1939, 193..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Maund being first duly sworn says that he is the father of Pearl Elizabeth Maund
(Relationship of child)*

born January 4, 1909 at Lamsmary, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that the father desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Pearl Elizabeth Maund hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Perkins M. D. was the ~~Midwife~~ medical attendant at the birth of said Pearl Elizabeth Maund and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant John Maund
P. O. Address Rt 2 Juliaetta

Subscribed and sworn to before me this 27 day of June, 1939.

Philip Weisgerber
Notary Public.

CLERK OF THE DISTRICT COURT AND
Residing at EX-OFFICIO AUDITOR AND RECORDER, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

280738

CERTIFICATE OF BIRTH

280738

JUL 8 1939

1. PLACE OF BIRTH
County of Valley
City of McCall
No. A415 227 043915 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lucile Delia Davis

3. Sex female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth March 27 1909 (Month, Day, Year)

FATHER

9. Full name EIWIN Julius DAVIS

10. Residence (usual place of abode) (If non-resident, give place and State) McCall

11. Color or race white 12. Age at last birthday 26 (years)

13. Birthplace (city or place) Cresco (State or Country) Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. on a farm

16. Date (month and year) last engaged in this work March, 1909

17. Total time (years) spent in this work 6

MOTHER

18. Full maiden name Delia Ida Ransier

19. Residence (usual place of abode) (If non-resident, give place and State) McCall

20. Color or race white 21. Age at last birthday 20 (years)

22. Birthplace (city or place) Bickleton (State or Country) Washington

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house Keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work March, 1909

26. Total time (years) spent in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother one (At time of this birth and including this child) (a) Born alive and now living X (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 11 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed JUL 8 1939, 193.... .....

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Washington } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Elwin Julius Davis being first duly sworn says that I is the mother of Lucile Delia Davis
(Relationship of child)*

born March 27, 1909 at McCall, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that I desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lucile Delia Davis hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Melvin Davis ~~M. D.~~ was the Midwife medical attendant at the birth of said Lucile Delia Davis and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Elwin Julius Davis
P. O. Address McMinnville, Oregon

Subscribed and sworn to before me this 3 day of July, 1939.

Leonard Adams
Notary Public.

Residing at Beaverton, Ore., ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES FEB 17, 1942

432-120-028-213

280755

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 1224 Lakeside St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 13 1939

CERTIFICATE OF BIRTH

280755

Registration District No. 30 State File No.

Prim. Registration District No. 1051 Local Registrar's No. 218

2. FULL NAME OF CHILD Harold O. McKee

3. Sex M

If plural births: 4. Twin, triplet, or other X; 5. Number, in order of birth 1

6. Premature; Full term X

7. Legitimate? Yes

8. Date of birth December 20, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Herman C. McKee	18. Full maiden name: Ethel F. Bachman
10. Residence (usual place of abode) (If non-resident, give place and State): 1224 Lakeside City	19. Residence (usual place of abode) (If non-resident, give place and State): 1224 Lakeside Ave.
11. Color or race: W	20. Color or race: W
12. Age at last birthday: 25 (years)	21. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or Country): Iowa	22. Birthplace (city or place) (State or Country): Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Lumber Company	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) J. C. Dwyer, M. D.

or Anna Elizabeth Woods Breah Arub, Midwife

Address 2423 Drake Park, Des Moines, Iowa

Filed 7/12/1939, 193...

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Eliza Woods being first duly sworn says that she is the greataunt (Relationship of child)* of Harold O. McKee born December 20, 1909 (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Harold O. McKee hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. C. Dwyer M. D. was the Midwife medical attendant at the birth of said Harold O. McKee and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs Eliza Woods

P. O. Address 2423 Drake Park Avenue, Des Moines, Iowa

Subscribed and sworn to before me this 12th day of July, 1939

Jas. A. Foster
Clerk of the District Court
Ex-Officio Auditor and Recorder
Notary Public.

Residing at Ex-Officio Auditor and Recorder, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

432-120 028-213

280756

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 13 1939

Registration District No. 30 State File No. 280756

Prim. Registration District No. 1051 Local Registrar's No. 217

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 1224 Lakeside Avenue St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Herbert J. McKee

3. Sex M

If plural births: 4. Twin, triplet, or other X; 5. Number, in order of birth 2

6. Premature ____ Full term X

7. Legitimate? Yes

8. Date of birth Dec. 20, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Herman C. McKee	18. Full maiden name: Ethel F. Bachman
10. Residence (usual place of abode) (If non-resident, give place and State): 1224 Lakeside Ave.	19. Residence (usual place of abode) (If non-resident, give place and State): 1224 Lakeside Ave.
11. Color or race W; 12. Age at last birthday 25 (years)	20. Color or race W; 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country): Iowa	22. Birthplace (city or place) (State or Country): Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Lumber Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

Registrar.

(Signed) J. C. Dwyer, M. D.

or Anna Eliza Owens Great Aunt, Midwife

Address 2423 Drake Park Ave. Des Moines, Iowa

Filed 7/12/1939, 193____

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Eliza Woods being first duly sworn says that she is the great aunt (Relationship of child)* of Herbert J. McKee born December 20, 1909 (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Herbert J. McKee hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. C. Dwyer M. D. was the Midwife medical attendant at the birth of said Herbert J. McKee and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Anna Eliza Woods

P. O. Address 2423 Franklin Park Avenue, Des Moines, Iowa

Subscribed and sworn to before me this 12 day of July, 1939

Jas. A. Foster
Clerk of the District Court Notary Public.
Ex-Officio Auditor and Recorder
Residing at, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

369128 010-863

RECEIVED

JUL 18 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

280768

Registration District No. 10 State File No.

Prim. Registration District No. Local Registrar's No. 480

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. E. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Alfred Halley Carlson

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth Aug 28, 1909 (Month, Day, Year)

FATHER

9. Full name Alfred Emanuel Carlson
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —
16. Date (month and year) last engaged in this work Aug, 1909
17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Stella Holley
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race White | 21. Age at last birthday 18 (years)
22. Birthplace (city or place) (State or Country) Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work Aug, 1909
26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother None (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks | 30. Cause of Stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 5 a m. on the date above stated.

(Signed) Dell Clews, M. D.
or Midwife
Address Idaho Falls Idaho

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)
Registrar.

Filed July 17, 1939 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

415-206-014 177

1. PLACE OF BIRTH

County of CANYON-PAYETTE CO

City of PAYETTE.

No. ..... St.

(If born in hospital or institution give name.)

JUN 21 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

280789

Registration District No. 4. State File No. .....

Prim. Registration District No. 1008. Local Registrar's No. 73

2. FULL NAME OF CHILD CLARA HAZEL MANIS

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature: No. Full term: Yes

7. Legitimate? Yes

8. Date of birth: June 6, 193 1909 (Month, Day, Year)

FATHER

9. Full name: WALTER LEWIS MANIS

10. Residence (usual place of abode) (If non-resident, give place and State): PAYETTE, ID

11. Color or race: W. | 12. Age at last birthday: 29 (years)

13. Birthplace (city or place) (State or Country): CARSVILLE KENTUCKY

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: FARMER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: NELLIE BESSIE APPLEGATE

19. Residence (usual place of abode) (If non-resident, give place and State): PAYETTE, ID

20. Color or race: W. | 21. Age at last birthday: 22 (years)

22. Birthplace (city or place) (State or Country): PAYETTE IDAHO

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HOUSEWIFE

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 0000000000000

28. Number of children of this mother 1. (At time of this birth and including this child) 1.

(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ---- m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Sylvakyne McCurdy MOTHER, M. D.

or ..... MIDWIFE, Midwife.

Address PAYETTE, IDAHO, R.F.D.NO. 1.

Filed 6/17/39, 193.. J. C. Woodward Registrar.

551-220-001-613

281890

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 20 1939

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 1501 Hays St.

(If born in hospital or institution give name.)

Registration District No. 2 State File No. 281890

Prim. Registration District No. 1004 Local Registrar's No. 567

2. FULL NAME OF CHILD Virginia Neal

3. Sex F

If plural births: 4. Twin, triplet, or other ; 5. Number, in order of birth

6. Premature ; Full term

7. Legitimate? Yes

8. Date of birth Jan. 20, 1909 (Month, Day, Year)

FATHER

9. Full name H. E. Neal

10. Residence (usual place of abode) (If non-resident, give place and State) 1501 Hays

11. Color or race W | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Neb.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Mary Wallace

19. Residence (usual place of abode) (If non-resident, give place and State) same

20. Color or race W | 21. Age at last birthday 38 (years)

22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor ; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) H. P. Ustick, M. D.

or , Midwife

Address

Give name added from a supplemental report

(Date of)

Registrar.

Filed 1909, 193 R. SHARP 1939 Registrar.

A319-106-084-249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

(If born in hospital or institution give name.)

JUL 24 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 281913

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Claude Raymond Carter

3. Sex M

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth May 6, 1909, 193.... (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Raymond Carter	18. Full maiden name: Anna Evelyn Smith
10. Residence (usual place of abode) (If non-resident, give place and State): Caldwell	19. Residence (usual place of abode) (If non-resident, give place and State): Caldwell
11. Color or race: W	20. Color or race: W
12. Age at last birthday: 27 (years)	21. Age at last birthday: 26 (years)
13. Birthplace (city or place): Gresham, York Co (State or Country): Nebraska	22. Birthplace (city or place): Tekamah (State or Country): Nebraska
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborth) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) - - -

Filed JUL 24 1939, 193....

Registrar.

Registrar.

dup of 1909-370945

BOTH
DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Anna Carter being first duly sworn says that she is the mother of Claude Raymond Carter
(Relationship of child)*

born May 6, 1909 at Caldwell, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Claude Raymond Carter hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Miller M. D. was the Midwife medical attendant at the birth of said Claude Raymond Carter and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Mrs Anna Carter
P. O. Address 2523 N St Eureka Calif

Subscribed and sworn to before me this 24th day of July, 1939

Marjory Sundstrom
Notary Public.
Residing at Bais, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A 944-130-04-632

JUL 25 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

281919

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Ruud

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? yes

8. Date of birth 11/30/1909 193.... (Month, Day, Year)

FATHER

9. Full name Gust Ruud

10. Residence (usual place of abode) (If non-resident, give place and State) ~~Seattle, Wash.~~ Boise Idaho

11. Color or race White | 12. Age at last birthday ~~64~~ 34 (years)

13. Birthplace (city or place) (State or Country) ~~Boise~~ Norway Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer ~~Mechanic~~

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ~~Automobile~~

16. Date (month and year) last engaged in this work May, 1939

17. Total time (years) spent in this work 42 yrs.

MOTHER

18. Full maiden name Anna Olsen

19. Residence (usual place of abode) (If non-resident, give place and State) ~~Seattle, Wash.~~ Boise Idaho

20. Color or race White | 21. Age at last birthday ~~71~~ 74 (years)

22. Birthplace (city or place) (State or Country) Norway

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work May, 1939

26. Total time (years) spent in this work 50 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Seven (At time of this birth and including this child) 1st child
(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn no

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) ....., M. D.

or ....., Midwife

Address .....

(Date of) .....
Registrar.

Filed JUL 25 1939, 193....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Gust ~~John~~ Ruud being first duly sworn says that he is the Father of John Ruud
(Relationship of child)*
born Nov. 30, 1909 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said John Ruud hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said Can not remember and and that the said medical attendant is Cannot locate.
(Now deceased (or) cannot be located)

Name of Affiant Gust Ruud
P. O. Address 9702-78th S.W. Seattle, Wash.

Subscribed and sworn to before me this 27 day of May, 1939

Carl F. Rogers
Notary Public.
Residing at Seattle, Wash., ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

366-203-043-395

28/93 281938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 28 1939

Registration District No. 310 State File No.

Prim. Registration District No. Local Registrar's No. 1

1. PLACE OF BIRTH
County of Valley
City of Van Wyck
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Elma Faye Conrad.

3. Sex Female

If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth 1

6. Premature; Full term X

7. Legitimate? Yes

8. Date of birth July 3, 1909 (Month, Day, Year)

FATHER

9. Full name Robert Squire Conrad

10. Residence (usual place of abode) (If non-resident, give place and State) Van Wyck Ida

11. Color or race White | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail carrier

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Government

16. Date (month and year) last engaged in this work Present, 1909

17. Total time (years) spent in this work one yr.

MOTHER

18. Full maiden name Celestia Alice Linden

19. Residence (usual place of abode) (If non-resident, give place and State) Van Wyck Ida.

20. Color or race White | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Durham Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work July 3, 1909

26. Total time (years) spent in this work one yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11-P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) , M. D.

of , Midwife

Address

Filed July 18, 1939 Myrtle M. Gardner Registrar.

Give name added from a supplemental report Celestia Alice Conrad (Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 28 1939

State of Idaho
County of Valley } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Celestia Alice Conrad, being first duly sworn says that she is the Mother of Elma Faye Conrad
(Relationship of child)*

born July 3 1909 at Van Wyck, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Elma Faye Conrad hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Levi Kimball ~~M. D.~~ was the Midwife medical attendant at the birth of said Child and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Celestia Alice Conrad

P. O. Address

Subscribed and sworn to before me this 27 day of July, 1939

Blair C. Armstrong
Notary Public.

Residing at Notary Public residing at Donnelly, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

253-214-028-459

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 4th Street St.

(born at home)

(If born in hospital or institution give name.)

RECEIVED AUG 4 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

281962

Registration District No. 30 State File No.

Prim. Registration District No. 1051 Local Registrar's No. 238

2. FULL NAME OF CHILD Katherine Evelyn Beck

3. Sex: Female

If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth

6. Premature; Full term: Yes

7. Legitimate? Yes

8. Date of birth: 4/14, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Frank Beck	18. Full maiden name: Elizabeth Meier
10. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene	19. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene
11. Color or race: White | 12. Age at last birthday: 29 (years)	20. Color or race: White | 21. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or Country): Ashton, Iowa	22. Birthplace (city or place) (State or Country): Wisconsin
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own home	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: 4/14, 1909	25. Date (month and year) last engaged in this work: April 13, 1909
17. Total time (years) spent in this work: 7	26. Total time (years) spent in this work: 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother: Four (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation: months or weeks

30. Cause of stillbirth: Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) X Frank Beck, Father, M. D.

or , Midwife

Address 114 East Liberty Ave., Spokane, Wash.

Filed August 2, 1939 H. L. Newcomb, M. D.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 4 1939

State of Washington
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frank Beck being first duly sworn says that he is the father (Relationship of child)* of Katherine Evelyn Beck born April 14, 1909 (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Katherine Evelyn Beck hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ~~XXXX~~ was the Midwife medical attendant at the birth of said Katherine Evelyn Beck and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Frank Beck
P. O. Address 114 E. Liberty Ave., Spokane, Wash.

Subscribed and sworn to before me this 17th day of July, 1939

B. K. Carson
Notary Public.

Residing at Spokane, Washington, ~~XXXXX~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A433-18.8-032-552

281979

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 281979

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Lincoln
City of Jerome
No. _____ St. _____
(If born in hospital or institution give name)

2. FULL NAME OF CHILD Robert William McCament

3. Sex Male

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? Yes

8. Date of birth Oct 8, 1909 (Month, Day, Year)

FATHER

9. Full name Blaine McCament

10. Residence (usual place of abode) (If non-resident, give place and State) Jerome Idaho

11. Color or race White | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming

16. Date (month and year) last engaged in this work October, 1909

17. Total time (years) spent in this work 6 mo.

MOTHER

18. Full maiden name Daisy Vestal

19. Residence (usual place of abode) (If non-resident, give place and State) Jerome, Idaho

20. Color or race White | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Indiana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work October, 1909

26. Total time (years) spent in this work 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother one (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

(Signed) REC _____, M. D.

or _____, Midwife

Address _____

Filed _____, 193.... _____ Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____ Registrar.

AUG 10 1939

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

_____ being first duly sworn says that she is the mother (Relationship of child)* of Robert William McCament born October 8 1909 (Date of birth) at Jerome, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1927 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Robert William McCament hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Edward D. Piper ~~M. D.~~ was the ~~Midwife~~ medical attendant at the birth of said Robert William McCament and that the said medical attendant is _____ (Now deceased ~~(or) cannot be located)~~

Name of Affiant Daisy Vestal McCament
P. O. Address 321 Alexander, San Fernando Calif.

Subscribed and sworn to before me this 7th day of August 1939

Comm. Expires Feb 4th 1943 — Notary Public.

Residing at San Fernando Calif., ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

294-222-040-143

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of SHOSHONE
City of KELLOGG IDA
No. 606 Second St.
(If born in hospital or institution give name.)

RECEIVED AUG 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

282049

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD DOROTHY INA SIMMONS,

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth April 22, 1929 (Month, Day, Year)

FATHER	MOTHER
9. Full name CHARLES WILLIAM SIMMONS	18. Full maiden name AGNES RODMAN AULD
10. Residence (usual place of abode) (If non-resident, give place and State) KELLOGG IDA	19. Residence (usual place of abode) (If non-resident, give place and State) KELLOGG IDA
11. Color or race White | 12. Age at last birthday 50 (years)	20. Color or race White | 21. Age at last birthday 41 (years)
13. Birthplace (city or place) Mokelumne Hill (State or Country) California	22. Birthplace (city or place) HORTFORD (State or Country) SCOTLAND
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work April, 1934 | 17. Total time (years) spent in this work 54	25. Date (month and year) last engaged in this work August, 1917 | 26. Total time (years) spent in this work 19

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ✓ (c) Stillborn 2

29. If stillborn, period of gestation 7 months ~~or weeks~~ | 30. Cause of stillbirth ? | Before labor yes | During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive ~~or Stillborn~~) at 5:50 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Chas. R. Mowery, M. D.
or ....., Midwife
Address Spokane Wn
Filed Aug 10, 1939 Mae G. Atwood, State Registrar.

415-128-028-154

RECEIVED
AUG 18 1939

782/35

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 282935

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Kootenai
City of Santa
No. — St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Fritz William Danielson

3. Sex Male

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 6th

6. ~~Premature~~ Full term Yes

7. Legitimate? Yes

8. Date of birth January 28 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Henry Danielson	18. Full maiden name Emma Anderson
10. Residence (usual place of abode) (If non-resident, give place and State) Santa	19. Residence (usual place of abode) (If non-resident, give place and State) Santa
11. Color or race White 12. Age at last birthday 36 (years)	20. Color or race White 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Sweden	22. Birthplace (city or place) (State or Country) Sweden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work January 28, 1909	25. Date (month and year) last engaged in this work January 28, 1909
17. Total time (years) spent in this work One year	26. Total time (years) spent in this work 10 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation — { months or weeks

30. Cause of Stillbirth — { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 11 a.m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)
_____ Registrar.

(Signed) Mrs John Isaacson M.D.
or Midwife _____, Midwife
Address Firmwood Idaho

Filed AUG 18 1939, 193_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 261-102-014-761

AUG 22 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

282956

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. No number St. Residence
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Harold Hart Goates

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature No. Full term Yes

7. Legitimate? Yes

8. Date of birth March 2nd 1909 (Month, Day, Year)

FATHER

9. Full name Abram L. Goates

10. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho

11. Color or race White | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) Lehi, (State or Country) Utah Co., Utah.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sugar Factory

16. Date (month and year) last engaged in this work March 2nd, 1909

17. Total time (years) spent in this work 4 Years

MOTHER

18. Full maiden name Alta Hart Goates.

19. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho

20. Color or race White | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) Montpelier, (State or Country) Bear Lake Co. Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. X

25. Date (month and year) last engaged in this work March 1st, 1909

26. Total time (years) spent in this work 1 Year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother One. (At time of this birth and including this child) (a) Born alive and now living Yes. (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — { months or weeks

30. Cause of Stillbirth — { Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) ....., M. D.

or ....., Midwife

Address .....

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

Filed AUG 22 1939, 193.. ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho, } ss.
County of Canyon }

Alta Hart Goates being first duly sworn says that She is the Mother of Harold Hart Goates
(Relationship of child)*

born March 2nd 1909 at Nampa, Canyon Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Harold Hart Goates hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Ross of Nampa Idaho M. D. was the ~~Midwife~~ medical attendant at the birth of said Harold Hart Goates and that the said medical attendant is Now deceased
(Now deceased (or) ~~cannot be located~~)

Name of Affiant Alta Hart Goates

P. O. Address 628 So. 2nd E. Salt Lake City

Subscribed and sworn to before me this 7th day of August, 1939

Herman G. Hogensen
Notary Public.

Residing at Salt Lake City, Utah, Idaho.

* If the father and mother ~~are dead~~, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

281-163-022-415

AUG 26 1939

282976

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 State File No. 282976

Prim. Registration District No. 2177 Local Registrar's No. 1433

1. PLACE OF BIRTH
County of Fremont
City of St. Anthony
No. ____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD James Luther Shaw

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth Dec. 13, 1909 (Month, Day, Year)

9. Full name of FATHER: Oliver Luther Shaw

10. Residence (usual place of abode) (If non-resident, give place and State): St. Anthony

11. Color or race: White 12. Age at last birthday: 38 (years)

13. Birthplace (city or place) (State or Country): Indiana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer, bookkeeper~~, etc.: Blacksmith

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: December, 1913

17. Total time (years) spent in this work: 6 Years

18. Full maiden name of MOTHER: Minnie Ann Davenport

19. Residence (usual place of abode) (If non-resident, give place and State): St. Anthony

20. Color or race: White 21. Age at last birthday: 32 (years)

22. Birthplace (city or place) (State or Country): Richmond Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: ____, 19____

26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child): Two
(a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 12:40 Am. on the date above stated.

(Signed) Minnie Ann Shaw Mother, ~~M.D.~~

or ____, ~~Midwife~~

Address St. Anthony, Idaho

Filed Aug 25, 1939 Sarah B Munk Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Minnie Ann Shaw being first duly sworn says that she is the mother of James Luther Shaw
(Relationship of child)*

born December 13, 1909 at St. Anthony, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that James Luther Shaw desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said James Luther Shaw hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. West, Deceased, M. D. was the ~~Midwife~~ medical attendant at the birth of said James Luther Shaw and that the said medical attendant cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Minnie Ann Shaw
P. O. Address 220 S Spruce St., Montebello, Calif.

Subscribed and sworn to before me this 24th day of August 1939

Lawrence A. Baker
Notary Public
Residing at Montebello, Los Angeles County, ~~Idaho.~~ California

My Commission Expires March 11, 1942

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A 54-128.040857

RECEIVED AUG 28 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 282981

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Shoshone
City of Mullan
No. _____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Rudolph William Anderson

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth March 28, 1909 (Month, Day, Year)

FATHER

9. Full name Claus William Anderson
10. Residence (usual place of abode) (If non-resident, give place and State) Mullan, Ida ~~Deceased~~
11. Color or race White | 12. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or Country) Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timberman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining
16. Date (month and year) last engaged in this work ~~December~~ March, 1908 | 17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Hannah Christiania Hegne
19. Residence (usual place of abode) (If non-resident, give place and State) Mullan, Ida. ~~Portland, Ore.~~
20. Color or race White | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or Country) Rio Wisconsin

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work March, 1909 | 26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother 2 (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks | 30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report _____ (Date of)

Filed AUG 28 1939, 193_____

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Multnomah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Hannah C. Anderson being first duly sworn says that she is the mother of Rudolph W. Anderson
(Relationship of child)*

born March 28, 1909 at Mullan, Shoshone County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Rudolph W. Anderson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Bell nurse M. D. was the Midwife medical attendant at the birth of said Rudolph W. Anderson and that the said medical attendant is X
(Now deceased (or) cannot be located)

Name of Affiant Mrs Hannah Anderson
P. O. Address Portland, Oregon

Subscribed and sworn to before me this 24th day of August, 1939

Imogene Johnston
Notary Public for Oregon ~~Idaho~~.

My commission expires: Jan. 7, 1941. Residing at Portland, Oregon

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Dr. Rolf of Mullan, Idaho, was called to attend the above birth. He did not arrive until after birth and Mrs. Bell, the trained nurse, made the delivery. Dr. Rolf stated he would record the birth, but it is in doubt if he did, as he was not called during the period of recuperation. Mrs. Bell left town shortly afterwards, and I am unable to locate her. Unless Dr. Rolf has moved or died within the last several years, he is still practicing in Mullan, Idaho.

265-123-004-867

282983

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 28 1939

Registration District No. ..... State File No. 282983

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bear Lake
City of Montpelier
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Winslow Swensen

3. Sex M

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Jan. 23, 1909 (Month, Day, Year)

FATHER

9. Full name Ole Swensen

10. Residence (usual place of abode) (If non-resident, give place and State) Montpelier

11. Color or race White 12. Age at last birthday 47 (years)

13. Birthplace (city or place) (State or Country) Glitre Well Barum Norway.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —

16. Date (month and year) last engaged in this work Present, 19....

17. Total time (years) spent in this work 25

MOTHER

18. Full maiden name Mary Jane Hogensen ~~Swensen~~

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race White 21. Age at last birthday 42 (years)

22. Birthplace (city or place) (State or Country) Montpelier Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Present, 19....

26. Total time (years) spent in this work 22

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 8 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ..... M. D.
or Mary J. Swensen (Mother) ~~Midwife~~
Address Montpelier Idaho

Filed AUG 28 1939, 193.... ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Jane Hogensen Swensen being first duly sworn says that She is the mother of Winslow Swensen
(Relationship of child)*

born January 23, 1909 at Montpelier, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Winslow Swensen hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. DArr Pointer M. D. was the ~~Midwife~~ medical attendant at the birth of said Winslow Swensen and that the said medical attendant is cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Mary J Swensen
P. O. Address Montpelier Idaho

Subscribed and sworn to before me this 20th day of August, 1939

Chas E Evans
Notary Public.

Residing at Montpelier Bear Lake Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Notary Public, Idaho
My commission expires Mar. 7, 1942

168-202-028-195

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 921 Seventh St.
(If born in hospital or institution give name.)

SEP 2 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 State File No. 283029
Prim. Registration District No. 1051 Local Registrar's No. 270

2. FULL NAME OF CHILD Verbena Jolene Johnson

3. Sex Female | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term yes | 7. Legitimate? yes | 8. Date of birth May 2, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name H. S. Johnson	18. Full maiden name Hattie Archart
10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene, Id.	19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene, Id.
11. Color or race W | 12. Age at last birthday 45 (years)	20. Color or race W | 21. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Missouri	22. Birthplace (city or place) (State or Country) Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work May —, 1909 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work May —, 1909 | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child) 4 (a) Born alive and now living 4 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) [redacted], M. D.
or Mrs. Hattie Johnson, mother, Midwife
Address 823 Seventh St. Coeur d'Alene
Filed Aug. 31, 1939 H. Stewart, M.D. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Hattie Johnson being first duly sworn says that she is the mother of Verbena Jolene Johnson
(Relationship of child)*

born May 2, 1909 at Coeur d'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Verbena Jolene Johnson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Alexander Hunter M. D. was the ~~Midwife,~~ medical attendant at the birth of said Verbena Jolene Johnson and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Hattie Johnson

P. O. Address 823 Seventh St. Coeur d'Alene, Idaho

Subscribed and sworn to before me this 31 day of August, 1939

Jas. A. Foster
~~Clerk of the District Court~~ ~~Notary Public.~~

~~Residing at~~ By Ocal N. Fee, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

283042

SEP 6 1939

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls Idaho
No. 2nd Ave N. near St. 2nd St., N.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Viola Matilda Denoyer

3. Sex Female | If plural births: 4. Twin, triplet, or other no; 5. Number, in order of birth no | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Sept 23, 1939 (Month, Day, Year)

FATHER

9. Full name Martin William Denoyer
10. Residence (usual place of abode) Twin Falls (If non-resident, give place and State) Idaho
11. Color or race white | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) Milwaukee (State or Country) Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Electrical
16. Date (month and year) last engaged in this work April 28, 1925 | 17. Total time (years) spent in this work 17½ yrs

MOTHER

18. Full maiden name Matilda Gertrude Schmidt
19. Residence (usual place of abode) Twin Falls (If non-resident, give place and State) Idaho
20. Color or race white | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) Detroit Michigan (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Sept 2, 1939 | 26. Total time (years) spent in this work 34

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
One - 2 yrs. old. (a) Born alive and now living two (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation none { months or weeks | 30. Cause of Stillbirth — { During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 5:00 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Sept 2, 1939 (Date of)

(Signed) Matilda Gertrude Denoyer, ~~M. D.~~
or Mother, ~~Midwife~~
Address 11109 Peach st., Lynwood Calif

Registrar.

Filed SEP 6 1939, 193.....

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Matilda Gertrude Denoyer being first duly sworn says that she is the Mother of Viola Matilda Denoyer
(Relationship of child)*

born September 23, 1909 at Twin Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Viola Matilda Denoyer hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Hilson Twin Falls Idaho M. D. was the ~~Midwife~~ medical attendant at the birth of said Viola Matilda Denoyer and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Matilda Gertrude Denoyer
P. O. Address 11109 Peach st., Lynwood Calif.

Subscribed and sworn to before me this 2nd day of September, 1939

Frank L. Stephan
Notary Public.
Residing at Twin Falls, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

236-106-025-359

283108

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 15 1939

Registration District No. _____ State File No. 283108

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Idaho
City of Elk City
No. _____ St. _____
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Delbert Lloyd Scott

3. Sex Male.

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature Yes Full term _____

7. Legitimate? Yes

8. Date of birth 6/6/09, 193_ (Month, Day, Year)

FATHER

9. Full name Walter Ray Scott

10. Residence (usual place of abode) (If non-resident, give place and State) Elk City, Idaho

11. Color or race White | 12. Age at last birthday 20 (years)

13. Birthplace (city or place) (State or Country) Millbank, South Dakota.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ditch Walker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Gold Miner

16. Date (month and year) last engaged in this work June, 1909

17. Total time (years) spent in this work Several months

MOTHER

18. Full maiden name Eugenia Flora Chrisman

19. Residence (usual place of abode) (If non-resident, give place and State) Elk City, Idaho

20. Color or race White | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Heppner, Oregon.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work June, 1909

26. Total time (years) spent in this work Since marriage

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Walter Ray Scott, Father

or _____, Midwife

Address Lebanon, Oregon

Give name added from a supplemental report _____

(Date of)

Filed SEP 15 1939, 193_

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of OREGON
County of Linn } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Walter Ray Scott being first duly sworn says that he is the Father (Relationship of child)* of Delbert Lloyd Scott born June 6, 1909 (Date of birth) at Elk City, Idaho, whose certificate of birth is hereto attached, and that Walter Ray Scott desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Delbert Lloyd Scott hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that None M. D. was the Midwife medical attendant at the birth of said Delbert Lloyd Scott and that the said medical attendant is None (Now deceased (or) cannot be located)

Name of Affiant Walter Ray Scott

P. O. Address Lebanon, Oregon.

Subscribed and sworn to before me this 13th day of September, 1939

Harvey A. Wright
Notary Public for Oregon

Residing at Lebanon, Oregon, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

319-103-002-265

RECEIVED
AUG 23 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

283131

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Adams
City of Meadows
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Curtis Fredrick Laib

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth May 3, 1909 (Month, Day, Year)

FATHER

9. Full name Frank Laib

10. Residence (usual place of abode) (If non-resident, give place and State) Meadows, Idaho

11. Color or race White | 12. Age at last birthday 45 (years)

13. Birthplace (city or place) (State or Country) New London, Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timber worker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. In timber

16. Date (month and year) last engaged in this work To date, 19....

17. Total time (years) spent in this work 10 years

MOTHER

18. Full maiden name Stella Frances Swetnam

19. Residence (usual place of abode) (If non-resident, give place and State) Meadows, Idaho

20. Color or race White | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Chariton, Missouri County

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work To date, 19....

26. Total time (years) spent in this work 14 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nothing

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn None

29. If stillborn, period of gestation None { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) Stella Frances Laib, Mother ~~M.D.~~
or ....., Midwife
Address New Meadows, Idaho.
Filed AUG 23 1939, 193....

..... Registrar.

PY WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... one child attach a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of Adams } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Stella Frances Laib being first duly sworn says that she is the mother of Curtis Fredrick Laib
(Relationship of child)*

born May 3-1909 at Meadows, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Curtis Fredrick Laib hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Thomas Clay ~~XXXX~~ was the Midwife medical attendant at the birth of said Curtis Fredrick Laib and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Stella Frances Laib

P. O. Address New Meadows, Idaho

Subscribed and sworn to before me this 22 day of August, 19 39

Matilda Moon
Clerk District Court ~~XXXXXXXXX~~

Residing at Council, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

415-220-021-182

1. PLACE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

283147

SEP 18 1939

Registration District No. 541 State File No. .....

Prim. Registration District No. 2119 Local Registrar's No. 42

2. FULL NAME OF CHILD Hilda Davis

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Sept 20, 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name: James Ward Davis	18. Full maiden name: Harriet Emmaline Rybee
10. Residence (usual place of abode) (If non-resident, give place and State): Clifton Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Same
11. Color or race: W 12. Age at last birthday ..... (years)	20. Color or race: W 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country): Clifton Idaho.	22. Birthplace (city or place) (State or Country): Lewiston Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Teacher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: H. W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 9:30 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or Harriet Emmaline B. Davis, mother Midwife

Address Preston - Idaho

Filed Aug 23, 1939 G. W. Stokes Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Franklin } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Harriet Emmaline B. Davis being first duly sworn says that is the Mother of Hilda Davis
(Relationship of child)*

born Sept 20, 1909 at Clifton, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Hilda Davis hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Harriet Ann Howell M. D. was the Midwife medical attendant at the birth of said Hilda Davis and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant Harriet Emmaline B. Davis

P. O. Address Preston Idaho

Subscribed and sworn to before me this 23 day of Aug, 1939

Notary Public.

Residing at Preston, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A289 110034 236

284155

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of

City of Lewiston Idaho

No. St.

(If born in hospital or institution give name.)

RECEIVED SEP 21 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. State File No. 284155

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Raymond Martin Shinn

3. Sex Male

If plural births { 4. Twin, triplet, or other / 5. Number, in order of birth

6. Premature Full term Yes

7. Legitimate? Yes

8. Date of birth July 10, 1909. (Month, Day, Year)

FATHER

9. Full name Arthur Lester Shinn

10. Residence (usual place of abode) (If non-resident, give place and State)

11. Color or race White | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) Emporia (State or Country) Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Martha Ann Stoddard

19. Residence (usual place of abode) (If non-resident, give place and State)

20. Color or race White | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) Hooper (State or Country) Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) , M. D.

or , Midwife

Address

Give name added from a supplemental report

(Date of)

Registrar.

Filed Sept. , 1939

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Butte } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Arthur Lester Shinn being first duly sworn says that he is the father (Relationship of child)* of Raymond Martin Shinn.

born July 10 1909 (Date of birth) at Berkeley, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Raymond Martin Shinn hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Killen M. D. was the ~~Midwife~~ medical attendant at the birth of said Raymond Martin Shinn and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Arthur Lester Shinn
P. O. Address Rt 3 Box 318 Chico Calif

Subscribed and sworn to before me this 11th day of Sept., 1939

Geo. W. Edwards
Notary Public.

Residing at Chico, Calif., ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

414721001-669

284-244

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Wilder

No. ..... St.

(If born in hospital or institution give name.)

JUL 12 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 284244

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William James Daugherty

3. Sex m

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth 5/21, 1939 (Month, Day, Year)

FATHER

9. Full name John Daugherty

10. Residence (usual place of abode) (If non-resident, give place and State) Wilder

11. Color or race W | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Pineville Ore.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Freighter

16. Date (month and year) last engaged in this work 5/21, 1939

17. Total time (years) spent in this work 2 yr.

MOTHER

18. Full maiden name Myrtle Ellen Ford

19. Residence (usual place of abode) (If non-resident, give place and State) Wilder

20. Color or race W | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Iowa Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housefi

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work 5/21, 1939

26. Total time (years) spent in this work 5 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Mo Arsol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 9:00 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) Mary L Ford, ~~M.D.~~

or ....., Midwife

Address Caldwell R 3

Filed JUL 12 1939, 193....

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary L. Ford being first duly sworn says that she is the Grandmother of William James Daugherty
(Relationship of child)*

born May 21, 1909 at Wilder, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that His parents, Mr. and Mrs. John Daugherty desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said William James Daugherty hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mary L. Ford ~~MD~~ was the Midwife ~~XXXX~~ attendant at the birth of said William James Daugherty and that the said ~~XXXX~~ attendant is Mary L. Ford, RFD #, Caldwell, Idaho midwife
(Now deceased (or) cannot be located)

Name of Affiant Mary L Ford

P. O. Address RFD #3, Caldwell, Idaho

Subscribed and sworn to before me this 10th day of October, 19 39

Mrs. H. J. Thompson
Notary Public.

Residing at Caldwell, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

133-220023659

284245

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 13 1939

CERTIFICATE OF BIRTH

Registration District No. 341 State File No. 284245

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Gem
City of Emmett
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Margaret Aller

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth June 2, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Chester C. Aller	18. Full maiden name Margaret Ferguson
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Emmett Ida
11. Color or race W. | 12. Age at last birthday 28 (years)	20. Color or race W. | 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or country) Iowa	22. Birthplace (city or place) (State or country) Scotland
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 A. m. on the date above stated.
(Born Alive or Stillborn)

(Signed) J. L. Reynolds, M. D.

or ....., Midwife

Address Emmett Idaho

Filed Oct 11, 1939 J. L. Reynolds Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

A122-116 007-915

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

(If born in hospital or institution give name.)

SEP 23 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284280

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Norman Oliver Abbott

3. Sex M

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? ✓

8. Date of birth Sept 16, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Edward Lee Abbott	18. Full maiden name Margaret Rebecca Ransom
10. Residence (usual place of abode) (If non-resident, give place and State) Bellevue	19. Residence (usual place of abode) (If non-resident, give place and State) Bellevue
11. Color or race W	12. Age at last birthday 41 (years)
20. Color or race W	21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Boise County, Idaho	22. Birthplace (city or place) (State or Country) Cambridge, Nebraska
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work 25	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed SEP 23 1939, 193.... .....

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

EDWARD LEE ABBOTT, being first duly sworn says that he is the father (Relationship of child)* of Norman Oliver Abbott born Sept 16 - 1909 (Date of birth) at Bellevue, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Norman Oliver Abbott hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. James Allen + Mrs. Harriet McCoy M. D. was the Midwife medical attendant at the birth of said Norman Oliver Abbott and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Edward Lee Abbott

P. O. Address R.F.D. #6, Boise, Idaho

Subscribed and sworn to before me this 22nd day of September, 1939

Lois M. Jones
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A313-128023-719

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
OCT 16 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284294

Registration District No. 310 State File No.
Prim. Registration District No. Local Registrar's No. 26

1. PLACE OF BIRTH
County of Gem
City of Emmett
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Frank Douglas Callender

3. Sex Male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth 1
6. Premature Full term X
7. Legitimate? yes
8. Date of birth Sept 28, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Sollie Callender	18. Full maiden name Viola Parrish
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Emmett Ida
11. Color or race W. 12. Age at last birthday 22 (years)	20. Color or race W. 21. Age at last birthday 17 (years)
13. Birthplace (city or place) (State or Country) Gandy Neb	22. Birthplace (city or place) (State or Country) Emmett Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work at that time, 1909	25. Date (month and year) last engaged in this work Sept 28, 1909
17. Total time (years) spent in this work 1 yr	26. Total time (years) spent in this work one yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks
30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 10 30 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) , M. D.
or , Midwife
Address

Give name added from a supplemental report Sollie Callender (Date of)

Filed Sept 3, 1939 Myrtle M. Gardner Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Valley } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sollie Callender being first duly sworn says that this is the son (Relationship of child)* of Sollie and Viola Callender born Sept 28-1909 (Date of birth) at Emmett, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Frank Douglas Callender hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Green - M. D. was the Midwife medical attendant at the birth of said Frank Douglas Callender and that the said medical attendant is Dr Green (deceased)
(Now deceased (or) cannot be located)

Name of Affiant Sollie Callender.
P. O. Address Cascade Idaho

Subscribed and sworn to before me this 2nd day of October, 1939.

[illegible] Campbell, My Commission Expires 4/25/43
Notary Public.

Residing at Cascade, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

285 352

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

285352

RECEIVED OCT 23 1939

1. PLACE OF BIRTH
County of BONNER
City of Town of Hope
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD RAYMOND AMILE FLEESS

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Aug. 13, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: BEN FLEESS	18. Full maiden name: ROSE PIONK
10. Residence (usual place of abode) (If non-resident, give place and State): Hope, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Hope, Idaho
11. Color or race: White 12. Age at last birthday: 19 (years)	20. Color or race: White 21. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or Country): Wisconsin	22. Birthplace (city or place) (State or Country): Chicago, Illnois
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: in father's home
16. Date (month and year) last engaged in this work: temporarily, 19	25. Date (month and year) last engaged in this work: about, 1908
17. Total time (years) spent in this work:	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? do not know

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Rose Joe Mother
Address 235 4th Ave N.E. Calgary Alta

RECEIVED

Filed OCT 23 1939, 193...
..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Hope
No. 165 713 009 / 796 St.

NAME CHANGED BY COURT ORDER Aug. 20, 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 285352

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Raymond Amiel Joel

3. Sex male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Aug. 13, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Ben Fleess	18. Full maiden name Rose Pionk
10. Residence (usual place of abode) (If non-resident, give place and State) Hope, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Hope, Idaho
11. Color or race White | 12. Age at last birthday 19 (years)	20. Color or race White | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Wisconsin	22. Birthplace (city or place) (State or Country) Chicago, Illinois
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. father's home
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Rose Joe, mother, ~~M.D.~~

or ....., Midwife

Address 635- 4th Ave. N. E. Calgary, Alberta

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed Oct. 23, 1939, 193.... .....

Registrar.

DEPARTMENT PUBLIC HEALTH ALBERTA

BUREAU OF VITAL STATISTICS

IN REPLY PLEASE REFER TO
FILE No. 75-MC-9-53

ALBERTA JASPER BUILDING,
EDMONTON, ALTA.

RECEIVED
SEP 15 1953
DIVISION OF VITAL STATISTICS

September 11, 1953

Dear Sir:

Enclosed herewith please find a copy of the Certificate of Change of Name, of Raymond Amile Fleess, which took place in Alberta, but whose place of birth is given as Hope, Idaho, U.S.A.

Yours truly,

A Packford

DEPUTY REGISTRAR GENERAL

State Registrar,
Bureau of Vital Statistics,
Dept. of Public Health,
BOISE, Idaho,
U.S.A.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

Dominion of Canada
Province of Alberta } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rose Joe being first duly sworn says that she is the mother of Raymond Amile Fleess
(Relationship of child)*

born on August 13th, 1909 at Hope, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Raymond Amile Fleess hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no Medical Attendant M. D. was the Midwife at the birth of Raymond Amile Fleess and that Mrs. Norton, the midwife is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Rose Joe

P. O. Address 635 4th Ave. N.E. Calgary Alta.

Subscribed and sworn to before me this day of October, A.D., 1939

S. W. McArdle
Notary Public.

Residing at Calgary, Alberta, Canada, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

No. 2984

CERTIFICATE OF CHANGE OF NAME

C A N A D A

PROVINCE OF ALBERTA

I, JAMES WARR Acting, Deputy Provincial Secretary of the Province of Alberta, hereby certify, that on the 20th day of August, A.D. 1953, at the hour of Ten in the fore noon, the following Changes of Name were effected under the provisions of "THE CHANGE OF NAME ACT."

RAYMOND AMILE FLEESS

of the City of Calgary, in the Province of Alberta - Iron Worker

to

RAYMOND AMIEL JOEL

RUTH MORRIS FLEESS	to	RUTH MORRIS JOEL	(Wife)
BARRY RAYMOND JOE FLEESS	to	BARRY RAYMOND JOEL	(5 years)

IN WITNESS WHEREOF I have hereunto set my hand and caused the Seal of the Province to be affixed at the City of Edmonton, in the Province of Alberta, this 20th day of August, A.D. 1953.

(Seal)

James Warr,
A/ Deputy Provincial Secretary

I hereby certify that the foregoing is a True copy of the original Certificate of which it purports to be a copy.

A/Deputy Provincial Secretary

Born at - Hope, Idaho, U.S.A.,

Date of Birth - August 13, 1909

Present Address - c/o George W. Edmunds,
Barrister, Solicitor,
516 Burns Building,
CALGARY, Alberta.

253-127016-253

285 354

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Cassia
City of Burley
No. No. Hansen St.
(If born in hospital or institution give name.)

RECEIVED OCT 23 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 285354

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Owen Alphin Bell

3. Sex Male
If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature no Full term yes
7. Legitimate? yes
8. Date of birth May, 27 1909 (Month, Day, Year)

FATHER

9. Full name James Archie Bell
10. Residence (usual place of abode) (If non-resident, give place and State) Farm Minidoka County
11. Color or race white 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) New Harmony Utah Territory
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work At present May 1909
17. Total time (years) spent in this work Four

MOTHER

18. Full maiden name Burnetta Alphin Bell
19. Residence (usual place of abode) (If non-resident, give place and State) Farm Minidoka County
20. Color or race white 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Panguitch Utah
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work April, 1909
26. Total time (years) spent in this work 7 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child)
~~Three~~ Five (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn 2

29. If stillborn, period of gestation 8 mos. { months or weeks
30. Cause of Stillbirth Fall { During labor ..... Before labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 10 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) James Archie Bell, ~~M. D.~~
or Father, ~~Midwife~~
Address Heyburn, Idaho Route #1

Give name added from a supplemental report .....
(Date of)
Registrar.

Filed OCT 23 1939 193.....
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Burnetta alphin Bell being first duly sworn says that she is the mother of Owen Alphin Bell
(Relationship of child)*

born May 27, 1909 at Burley, Idaho,
(Date of birth)

whose certificate of birth is ~~hereto attached~~, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Owen Alphine Bell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Joseph ~~Fremd~~ Tremstead M. D. was the ~~Midwife~~ medical attendant at the birth of said Owen Alphine Bell and that the said medical attendant is ~~Burnetta Alphin Bell~~
(~~Now deceased (or)~~ cannot be located)

Name of Affiant Burnetta Alphin Bell

P. O. Address 4637 Strong Los angeles California

Subscribed and sworn to before me this 20th day of October, 1939

Christy J. Neber
Notary Public.

Residing at Los angeles Calif., ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A792-116 & 14-692

285356

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 285356

RECEIVED OCT 23 1939

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of Caldwell, Ida.
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Harvey Wayne Gibbens, Sr.

3. Sex M

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Oct. 16, 1909 (Month, Day, Year)

FATHER

9. Full name Roy Raymond Gibbens

10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell, Ida.

11. Color or race White 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Not known

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ditch rider and farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Grace Elizabeth Shafer Fuss

19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell, Ida.

20. Color or race White 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Lincoln, Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother Two (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

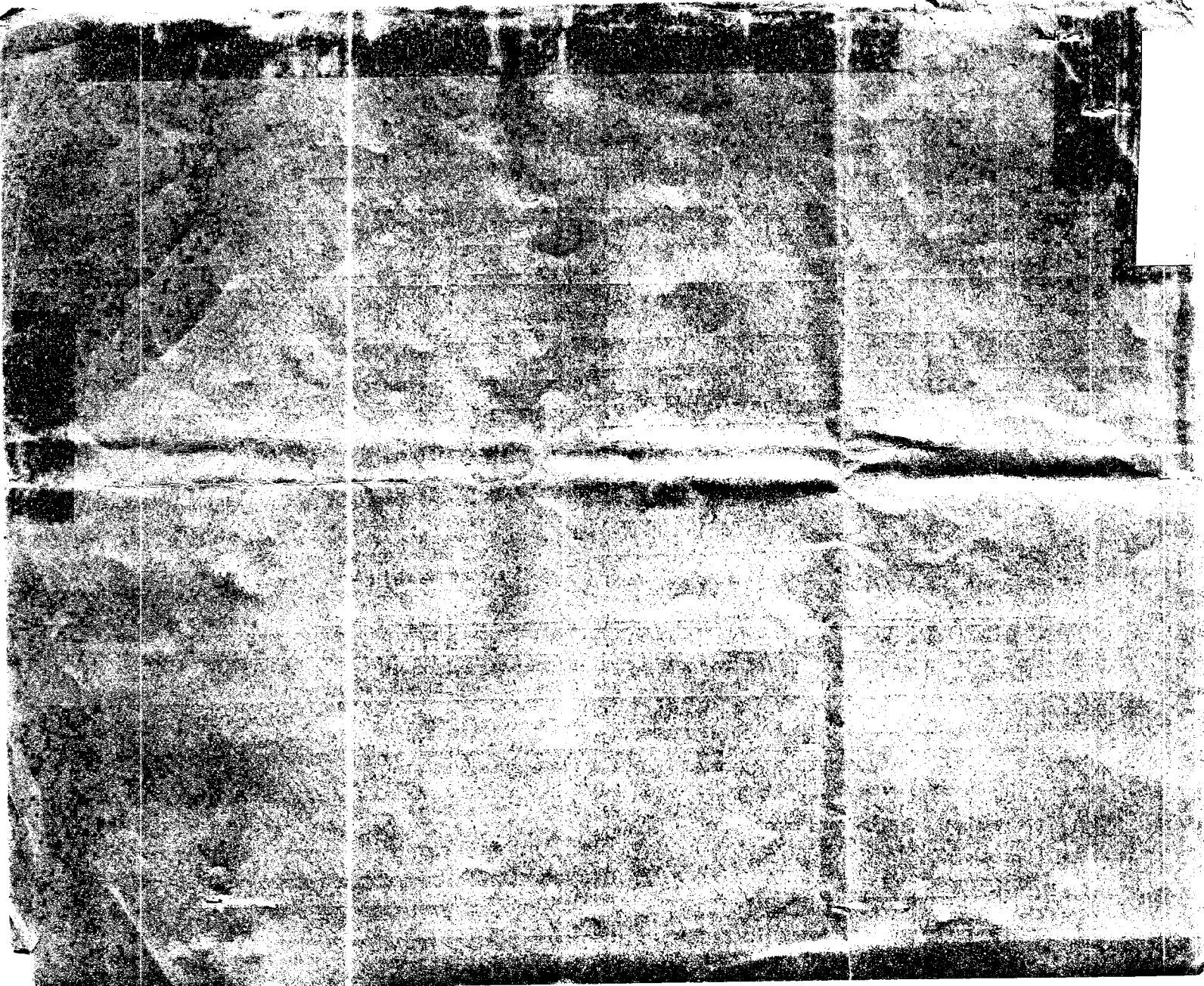
(Date of)

Filed OCT 23 1939 193....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Jerome } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Grace Gibbens Shaw being first duly sworn says that she is the mother of Harvey Wayne Gibbens
(Relationship of child)*

born October 16, 1909 at Caldwell, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Harvey Wayne Gibbens hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Hosmer M. D. was the Midwife medical attendant at the birth of said Harvey Wayne Gibbens and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Mrs Grace Gibbens Shaw
P. O. Address Box 270 Twin Falls Idaho

Subscribed and sworn to before me this 19th day of Oct, 1939

[signature]
Notary Public.

Residing at Jerome, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. A363-228 006-125 St.
(If born in hospital or institution give name.)

RECEIVED OCT 31 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 285396
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Minnie Ann Cotton

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth May 28, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Cotton	18. Full maiden name: Zona Abercrombie
10. Residence (usual place of abode) (If non-resident, give place and State): Blackfoot	19. Residence (usual place of abode) (If non-resident, give place and State): Blackfoot
11. Color or race: White | 12. Age at last birthday: 41 (years)	20. Color or race: White | 21. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or Country): London, England	22. Birthplace (city or place) (State or Country): Clay County, Alabama
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: still engaged, 19 ..... | 17. Total time (years) spent in this work: since boyhood	25. Date (month and year) last engaged in this work: still engaged, 19 ..... | 26. Total time (years) spent in this work: 13 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

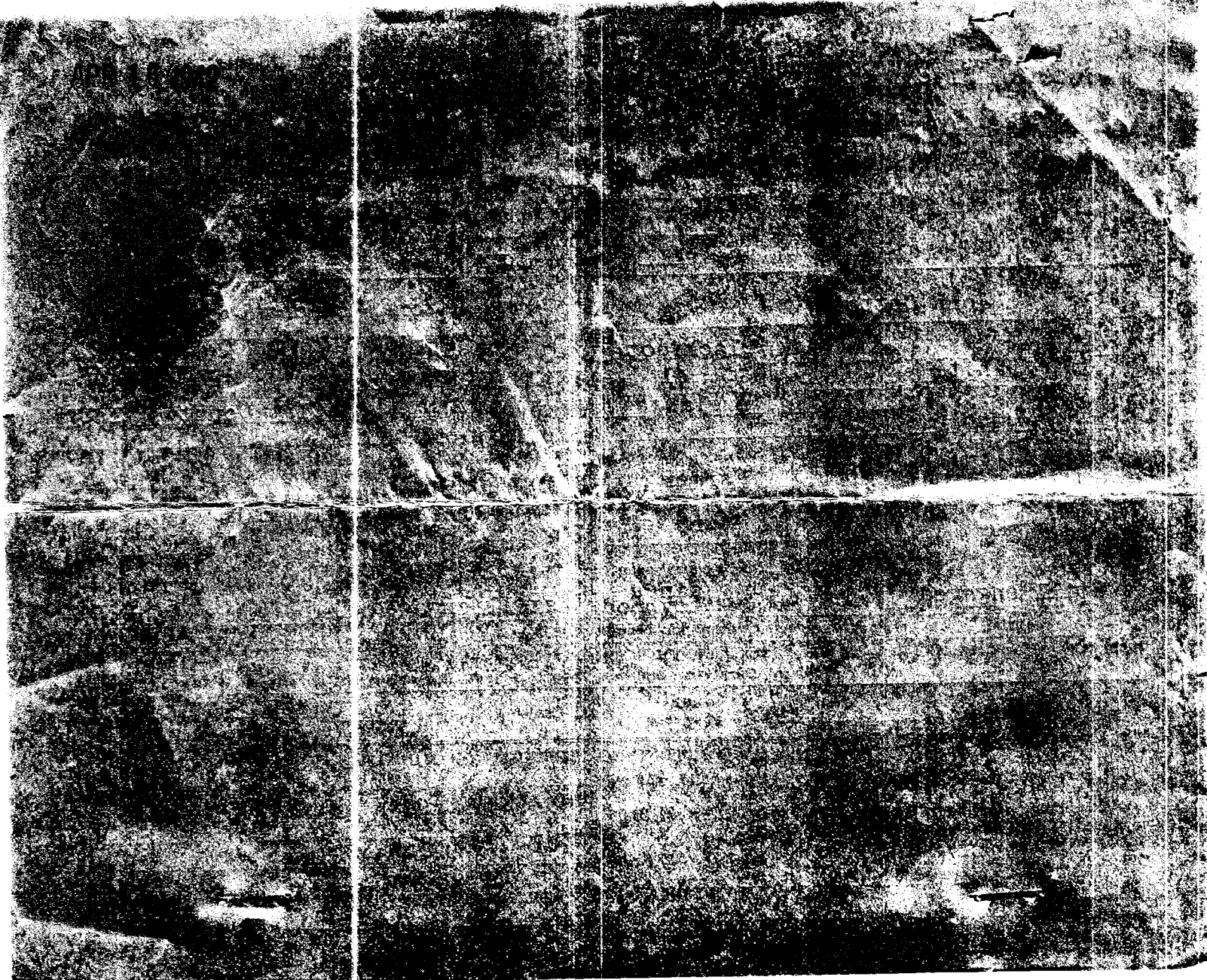
I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address RECEIVED
Filed OCT 31 1939 .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE--DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of California)
County of Los Angeles) ss

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physicial or midwife.)

Zona Cotton being first duly sworn says that she is the mother of Minnie Ann Cotton, born May 28, 1909, at Blackfoot, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139--1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Minnie Ann Cotton as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Mitchell ~~Midwife~~ M.D. was the medical attendant at the birth of said Minnie Ann Cotton, and that the said medical attendant is Blackfoot, Idaho.
(Now deceased (or) cannot be located)

Name of Affiant Zona Cotton
P. O. Address Pomona, California

Subscribed and sworn to before me this 28 day of October, 1939.

Jean Rosebery
Notary Public
Residing at Pomona, California

If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, et c.

849-217-025-789

285422

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED NOV 9 1939

Registration District No. ..... State File No. 285422

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Idaho
City of Stites, Idaho
No. ..... Main St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edna Margurite Quimby

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth 17 July, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Harry Howell Quimby	18. Full maiden name: Jessie lone Phillips
10. Residence (usual place of abode) (If non-resident, give place and State): The Dalles, Oregon	19. Residence (usual place of abode) (If non-resident, give place and State): The Dalles, Oregon
11. Color or race: white | 12. Age at last birthday: 25 (years)	20. Color or race: white | 21. Age at last birthday: 20 (years)
13. Birthplace (city or place) (State or Country): Fresno, California	22. Birthplace (city or place) (State or Country): Olex, Oregon
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Barbershop	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: At home
16. Date (month and year) last engaged in this work: September 1909	25. Date (month and year) last engaged in this work: worked at home 19
17. Total time (years) spent in this work: 1 year	26. Total time (years) spent in this work: at home

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None used at that time.

28. Number of children of this mother (1) (At time of this birth and including this child)
(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at a 6:00P m. on the date above stated.
(Born Alive ~~XXXXXXXX~~

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....
Registrar.

(Signed) Mrs William Jonas ~~M.D.~~
or Mrs William Jonas (Mother) ~~Midwife~~

Address 1200 Fern Street, N.W.
Washington, D.C. (Army Medical Center

Filed NOV 9 1939, 193..
Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

~~State~~ of Washington
~~County~~ of District of Columbia } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs William Jonas (formerly Mrs Quimby) being first duly sworn says that she is the mother of Edna Margurite Quimby
(Relationship of child)*

born 17 July 1909 at Stites, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mrs William Jonas desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Edna Margurite Quimby hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Elkhorn M. D. was the ~~Midwife~~ medical attendant at the birth of said Edna Margurite Quimby and that the said medical attendant is can not be located.
~~XXXXXXXXXXXX~~ (cannot be located)

Name of Affiant Mrs William Jonas
Mrs William Jonas

P. O. Address Army Medical Center, Washington, D.C.

Subscribed and sworn to before me this 3rd day of November, 1939

Clyde B. Gantt.
Notary Public.

Residing at 518-5th St. N.W., ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

314 108 003-815

285426

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 9 1939

Registration District No. ..... State File No. 285426

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bannock
City of Pocatello, Idaho
No. 300 N. Main St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Royal Christen Lambert

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes.

8. Date of birth Sept. 6, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Royal Ellsworth Lambert	18. Full maiden name: Ethel Arave Hansen
10. Residence (usual place of abode) (If non-resident, give place and State): Pocatello, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Pocatello, Ida.
11. Color or race: White 12. Age at last birthday: 31 (years)	20. Color or race: White 21. Age at last birthday: 18 (years)
13. Birthplace (city or place) (State or Country): Williamsport, Pennsylvania	22. Birthplace (city or place) (State or Country): Ogden, Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.:
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Pocatello, Ida.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: Sept. 6, 1909	25. Date (month and year) last engaged in this work: Sept. 6, 1909
17. Total time (years) spent in this work: 12 yrs.	26. Total time (years) spent in this work: 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother: One (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6:30 AM on the date above stated.

(Signed) Dr. H. S. Castle, M. D.

or ....., Midwife

Address Pocatello, Idaho

Filed NOV 9 1939 193.. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Texas
County of El Paso } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Royal Ellsworth Lambert being first duly sworn says that he is the father (Relationship of child)* of Royal Christen Lambert born Sept. 6, 1909 (Date of birth) at Pocatello, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Royal Christen Lambert hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. H. S. Castle M. D. was the Midwife medical attendant at the birth of said Royal Christen Lambert and that the said medical attendant is cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant: Royal Ellsworth Lambert
P. O. Address 718 N. Campbell St. El Paso, Texas

Subscribed and sworn to before me this 3rd day of November, 1939

W. P. Collins
Notary Public.

Residing at El Paso Texas, ~~Idaho~~
El Paso County

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

613 212 001 418

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 21 1939

285483

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 516 Washington St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Hazel Pearl Walters

3. Sex female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Oct 12, 1909 (Month, Day, Year)

FATHER

9. Full name Fred James Walters

10. Residence (usual place of abode) (If non-resident, give place and State) Three Creek, Ida

11. Color or race white | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) Austin (State or Country) Nevada

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stockraiser

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. his own ranches

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work 11 years.

MOTHER

18. Full maiden name Chussie Mahoney

19. Residence (usual place of abode) (If non-resident, give place and State) Three Creek Ida.

20. Color or race white | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) Weiser (State or Country) Idaho.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work May, 1906 | 26. Total time (years) spent in this work one year.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living two (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) F J Nauss, M. D.

or ....., Midwife

Address .....

Filed Nov. 22, 1939 Mae G. Attwood State Registrar.

DECEASED

dup of 1909-D73-233

BOTH DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

NOV 21 1939

State of Idaho
County of Washington } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

F J Walters being first duly sworn says that he is the Father of Hazel Pearl Walters
(Relationship of child)*
born October 12 1909 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Hazel Pearl Walters hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mattie Walters ~~M. D.~~ Midwife was the medical attendant at the birth of said Hazel Pearl Walters and that the said medical attendant is cannot be located
(~~Now deceased, (or)~~ cannot be located)

Name of Affiant F J Walters.

P. O. Address

Subscribed and sworn to before me this 21st day of November, 1939

A B Lloyd
Notary Public.

Residing at Weiser, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

469 120-029 457

286514

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

State File No. 286514

Registration District No. ____ Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH

County of Latah

City of Troy, Idaho (Little Bare Ridge)

No. ____ St. ____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD GEORGE ALBERT MORRIS

3. Sex Male

If plural births 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? Yes

8. Date of birth Dec. 20, 1909 (Month, Day, Year)

FATHER

9. Full name Walter Ruben Morris

10. Residence (usual place of abode) (If non-resident, give place and State) Little Bare Ridge

11. Color or race Wh. | **12. Age at last birthday** 37 (years)

13. Birthplace (city or place) (State or Country) Elkhart, Indiana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Nina Bell Dexter

19. Residence (usual place of abode) (If non-resident, give place and State) Little Bare Ridge

20. Color or race Wh. | **21. Age at last birthday** 29 (years)

22. Birthplace (city or place) (State or Country) Cadillac, Michigan

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 4 (a) Born alive and now living 4 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 9:40 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____ Registrar.

(Signed) Nina Bell Morris, Mother, M. D.

or Walter Ruben Morris, Midwife

Address ____

Filed NOV 22 1939 193____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

DEC 18 1939

State of Washington
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nina Bell Morris being first duly sworn says that she is the Mother of George Albert Morris
(Relationship of child)*

born (Date of birth) at , Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said child hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that she used no doctor M. D. was the Midwife medical attendant at the birth of said George Albert Morris and that the said ~~medical~~ attendant ~~is~~ was Walter Ruben Morris, Sr.
(Now deceased (or) cannot be located)

Name of Affiant Nina Bell Morris
P. O. Address 2826 West Nevada st.

Subscribed and sworn to before me this 14th day of December, 1939

L. L. Evans
Notary Public.

Residing at Seattle Wn, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

DEC 18 1939

STATE OF Washington)
) SS.
COUNTY OF King)

AFFIDAVITS FOR CORRECTION OF A RECORD

Nina Bell Morris of Seattle, Washington

Being first duly sworn, deposes and says that she is mother (if related, specify degree, if friend or otherwise, so state) of George Albert Morris

who was born (was born, died) in the city of Troy, County of Latah

on the 20th day of December, 1909, as stated in a certificate of birth (birth or death) filed by Nina Bell Morris - Mother (name of physician or midwife, or undertaker for death)

with the ~~Local~~ State Registrar for the city of Boise, County of Ada

Idaho, on the 22nd day of November 19 39.

That the following facts set forth in said certificate are not correctly stated therein, to wit:

Maiden Name of mother - omitted

That affiant upon her (his, her) own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows:

Maiden name of mother: Nina Bell Dexter

(Seal)

Affiant Nina Bell Morris
Address 2826 West Nevada st
Subscribed and sworn to before me this 14th day of December 1939
L. L. Evans
Notary Public

STATE OF Washington)
) SS.
COUNTY OF King)

Nina Bell Morris of Seattle, Wash,

being first duly sowrn, deposes and says that ~~s~~ he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Nina Bell Morris
Address 2826 West Nevada st
Subscribed and sworn to before me this 14th day of December 1939
L. L. Evans
Notary Public

(Seal)

VS 44

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED DEC 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

286544

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 719/122042-315 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Neil D. Gardner

3. Sex: Male

If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓

6. Premature ✓ Full term Yes

7. Legitimate? Yes

8. Date of birth March 22, ~~1931~~ 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: George W. Gardner	18. Full maiden name: Minnie Land
10. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls, Ida.
11. Color or race: W	20. Color or race: W
12. Age at last birthday: 41 (years)	21. Age at last birthday: 41 (years)
13. Birthplace (city or place) (State or Country): Marietta, Ohio	22. Birthplace (city or place) (State or Country): Kewanee, Illinois
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

28. Number of children of this mother: One (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of Stillbirth ✓ Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. E. Pike, M. D.

or _____, Midwife

Address Twin Falls, Idaho

Give name added from a supplemental report _____

(Date of) _____ Registrar.

Filed Dec. 11, 1939 Mae G. Attwood State Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

286545

DEC 11 1939

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Canyon
City of Payette
No. 863 225 014 253 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Beverly Shaw Holtenhouse

3. Sex Female

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term yes

7. Legitimate? yes

8. Date of birth 12/25/09, 193_ (Month, Day, Year)

FATHER

9. Full name Edward Pierson Holtenhouse

10. Residence (usual place of abode) (If non-resident, give place and State) Payette, Idaho

11. Color or race White | 12. Age at last birthday 42 (years)

13. Birthplace (city or place) (State or Country) Kalamazoo, Mich

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19_

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Bernice Belnap

19. Residence (usual place of abode) (If non-resident, give place and State) Payette, Idaho

20. Color or race White | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) Erie, Penn

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19_

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silloid

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5.45 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) L. R. Woodward, M. D.

or _____, Midwife

Address Payette, Idaho.

Give name added from a supplemental report _____
(Date of)

Filed Dec 11, 1939 Mae G. Atwood
Registrar.

_____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

Certified Copy issued Jan. 16, 1941. E.W.

168-216 028-453

286558

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED DEC 13 1939

CERTIFICATE OF BIRTH

Registration District No. 90 State File No. 286558

Prim. Registration District No. 1051 Local Registrar's No. 367

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 1002 Second St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Laura Corrine Johnson

3. Sex F

If plural births: 4. Twin, triplet, or other —
5. Number, in order of birth —

6. Premature — Full term Yes

7. Legitimate? Yes

8. Date of birth May 16, 1909 (Month, Day, Year)

FATHER

9. Full name William Johnson

10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene

11. Color or race W | 12. Age at last birthday 49 (years)

13. Birthplace (city or place) (State or Country) Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Worker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work May, 1909

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Anna Dorothea Mellander

19. Residence (usual place of abode) (If non-resident, give place and State) 1002 Coeur d'Alene

20. Color or race W | 21. Age at last birthday 38 (years)

22. Birthplace (city or place) (State or Country) Sweden

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work May, 1909

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 0

28. Number of children of this mother (At time of this birth and including this child) 7 (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Mrs. Anna D. Johnson mother, ~~M. D.~~

or 1002 Second St, Coeur d'Alene, ~~Midwife~~

Address

Filed 12-11, 1939 H. L. Freeman M.D.

Registrar.

WRITE PLAINLY With UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

RECEIVED
DEC 13 1939

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Anna D. Johnson being first duly sworn says that she is the mother of Laura Corrine Johnson
(Relationship of child)*

born May 16, 1909 at Coeur d'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Laura Corrine Johnson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that a neighbor - name unknown ~~M. D.~~ was the Midwife medical attendant at the birth of said Laura Corrine Johnson and that the said medical attendant ~~is~~ cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Mrs Anna D Johnson
P. O. Address 1002 2nd Street

Subscribed and sworn to before me this 11 day of Dec, 1939

Jas. A. Foster
Notary Public.
Residing at Coeur d'Alene, Idaho.

Clerk of the District Court
Ex-Officio Auditor and Recorder

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 563 210 001-469

County of Ada

City of Boise

No. 510 North Sprs Ave.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 24 1939

Registration District No. ..... State File No. 286594

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Jeanne

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			5th	yes	May 10, 1909

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 5 (a) Born alive and now living 4

Born alive but now dead 1 Stillborn .....

FATHER		MOTHER	
FULL NAME	Clement Louis Volin	FULL MAIDEN NAME	Marian Margaret Morris
Residence (Usual place of abode)	510 N. S. Ave	Residence (Usual place of abode)	510 N. S. Ave.
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday (Years)	57	Age at last birthday (Years)	39
Birthplace (City and State or County)	Dubuque Iowa	Birthplace (City and State or County)	Bay City Michigan
Occupation	Gardener	Occupation	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) Mrs Marian M. Volin
Mother
(Physician or midwife)

Address 2826 Telegraph Ave

Filed ..... 19 Oakland Calif.
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mrs. Chlor Cooder
1122 Hays St.
Boise Idaho.

Mrs. Lee Estes
635 Warm Springs Ave
Boise Idaho.

James A. Morrison.
3rd & Manitou Sts.
Boise Idaho.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Alameda } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Marian Margaret Volin being first duly sworn says that she is the Mother of Jeanne Volin
(Relationship of child)*

born May 10th 1909 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Jeanne Volin hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Edwin Van Note M. D. was the ~~Midwife~~ medical attendant at the birth of said Jeanne Volin and that the said medical attendant ~~at present~~ whereabouts are not known
(Now deceased (or) cannot be located)

Name of Affiant Marian M. Volin
P. O. Address 2826 Telegraph Ave Oakland

Subscribed and sworn to before me this 15th day of December, 19 39

Ida C. Schmitt
Notary Public.

Residing at Oakland, California, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A649-104-007-115

1. PLACE OF BIRTH
County of Blaine
City of Gannett, R. F. D. #1
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
DEC 22 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 287494
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Raymond Wurst

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth April 4, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Wurst	18. Full maiden name Theresea Janda
10. Residence (usual place of abode) (If non-resident, give place and State) Stanton, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Stanton, Idaho
11. Color or race White | 12. Age at last birthday 44 (years)	20. Color or race White | 21. Age at last birthday 38 (years)
13. Birthplace (city or place) Katstorf (State or Country) Czechoslovakia	22. Birthplace (city or place) Czechoslovakia in (State or Country) Bukova
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work April 4, 1909 | 17. Total time (years) spent in this work 20	25. Date (month and year) last engaged in this work Sept 1, 1889 | 26. Total time (years) spent in this work 29

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 9 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 6:00 A.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed DEC 22 1939 193.... ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

C.A. Bottolfsen [redacted], GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Blaine } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Wurst being first duly sworn says that he is the father (Relationship of child)* of George Raymond Wurst

born April 4, 1909 (Date of birth) at Stanton, Blaine County, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said George Raymond Wurst hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Michael Brown ~~XXXX~~ was the Midwife medical attendant at the birth of said George Raymond Wurst and that the said medical attendant is deaceased (Now deceased (or) cannot be located)

Name of Affiant John Wurst

P. O. Address Bellevue, Idaho

Subscribed and sworn to before me this 16th day of January, 19 39

Joseph W. Fuld
Notary Public.

My Commission expires Feb. 24, 1940 Residing at Hailey, Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A845-211-040-255

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. ..... St. Kellogg Hospital
(If born in hospital or institution give name.)

JAN 5 - 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 287522
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Bessie May Hunt

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2 | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth Nov 11, 1909 (Month, Day, Year)

FATHER

9. Full name Calvin Tracy Hunt
10. Residence (usual place of abode) (If non-resident, give place and State) Kingston Ida
11. Color or race White 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Schuylerville N.Y.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Timber
16. Date (month and year) last engaged in this work Nov., 1909
17. Total time (years) spent in this work 6 yrs

MOTHER

18. Full maiden name Minnie Bentley
19. Residence (usual place of abode) (If non-resident, give place and State) Kingston Ida
20. Color or race White 21. Age at last birthday 19 (years)
22. Birthplace (city or place) (State or Country) .....

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work 5 years, 1909
26. Total time (years) spent in this work 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living X (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed JAN 5 - 1940, 193.... .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of San Francisco } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Minnie Hunt being first duly sworn says that She is the Mother (Relationship of child)* of Bessie May Hunt, born Nov 11, 1909 (Date of birth) at Kellogg, Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Bessie May Hunt hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Kennet M. D. was the Midwife medical attendant at the birth of said Bessie May Hunt and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Minnie Hunt
P. O. Address 935, O'Farrel St San Francisco

Subscribed and sworn to before me this 3rd day of January, 19 40

Clara E. Hay
Notary Public.
Residing at SAN FRANCISCO, Idaho.

NOTARY PUBLIC
In and for the City and County of San Francisco
State of California.
My Commission Expires April 4th, 1940

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

819-220014-653

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Payette

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

287597

DEC 22 1939

Registration District No. 3 State File No. .....

Prim. Registration District No. 330 Local Registrar's No. 161

2. FULL NAME OF CHILD Joan Marion Harris

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth 8/20/09, 193.. (Month, Day, Year)

FATHER

9. Full name Michael Harris

10. Residence (usual place of abode) (If non-resident, give place and State) Payette Ida

11. Color or race White | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) London England

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruitgrower

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Eleanor Anne Wellbeloved

19. Residence (usual place of abode) (If non-resident, give place and State) Payette, Ida

20. Color or race White | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) York England

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag NO3

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 3 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) J. O. Woodward, M. D.

or ....., Midwife

Address Payette, Idaho.

Filed 12/4/1939, 193.. J. O. Woodward Registrar.

816 117001 754

288833

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of ADA

City of BOISE

No. ..... St. ST. LUKES

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 31 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 288833

Prim. Registration District No. ..... Local Registrar's No. 653

2. FULL NAME OF CHILD FRANK A. HJORT

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Apr. 17, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: C. K. Hjort	18. Full maiden name: Ada Eliz. Anderson
10. Residence (usual place of abode) (If non-resident, give place and State) Long Gulch, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) same
11. Color or race W | 12. Age at last birthday 31 (years)	20. Color or race W | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Denmark	22. Birthplace (city or place) (State or Country) Minn.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forest Ranger	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.. | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) H. A. BRERETON, M. D.

or ....., Midwife

Address .....

(Date of) Filed 1909, 193.. Registrar.

Copy made 1-31-40 By R. Sharp Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jerome

City of Jerome

No. 281 224 027 692 St.

(If born in hospital or institution give name.)

RECEIVED FEB 5 1940

STATE OF IDAHO 288846
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

288846

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Anna M. Shaab

3. Sex Female

If plural births { 4. Twin, triplet, or other - ; 5. Number, in order of birth - }

6. Premature - ; Full term -

7. Legitimate? Yes

8. Date of birth June 24, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Frank Shaab	18. Full maiden name: Mary Fisher
10. Residence (usual place of abode) (If non-resident, give place and State): Jerome, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Jerome, Idaho
11. Color or race: White | 12. Age at last birthday: 34 (years)	20. Color or race: White | 21. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or Country): --- Austria Hungary	22. Birthplace (city or place) (State or Country): --- Austria Hungary
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: --	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: --
16. Date (month and year) last engaged in this work: ....., 19.... | 17. Total time (years) spent in this work:	25. Date (month and year) last engaged in this work: ....., 19.... | 26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation -- { months or weeks - }

30. Cause of Stillbirth - { During labor - ; Before labor - }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) x Mary Shaab Mother

or 26 adelphia ave, Midwife

Address Trenton N.J.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed ..... 193.... FEB 5 1940

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of New Jersey
County of Mercer } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Mary Shaab being first duly sworn says that she is the Mother of Anna M. Shaab
(Relationship of child)*

born June 24, 1909 at Jerome, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mother desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Anna M. Shaab hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that HENING ? M. D. was the Midwife medical attendant at the birth of said Anna M. Shaab and that the said medical attendant is Unknown
(Now deceased (or) cannot be located)

County of Mercer
State of N.J.

Name of Affiant X Mary Shaab
P. O. Address 26 Adelaide Trenton N.J.

Subscribed and sworn to before me this 3/28 day of January, 1940

Gladys E. Blair
Notary Public.

NOTARY PUBLIC OF N. J.
My Commission Expires Jan. 19, 1942

Residing at Hardwicke N.J. ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

288877

FEB 9 1940

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham
City of Jamestan
No. Route 2 Shelley, Idaho St.
614-114 006-474
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD James Donald Wadsworth

3. Sex Male | If plural births: 4. Twin, triplet, or other Twin; 5. Number, in order of birth 1 | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth June 14, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name	18. Full maiden name Rachel Ann Farns Maughan
10. Residence (usual place of abode) (If non-resident, give place and State) Jamestan, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Jamestan, Idaho
11. Color or race White | 12. Age at last birthday 33 (years)	20. Color or race White | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Hooper, Utah	22. Birthplace (city or place) (State or Country) Petersboro, Utah Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School Teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. On my Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Jamestan, Idaho
16. Date (month and year) last engaged in this work June, 1909	25. Date (month and year) last engaged in this work May, 1908
17. Total time (years) spent in this work 10 yrs.	26. Total time (years) spent in this work 5 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? No prophylactic was used

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks

30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 9:30 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....
Registrar.

(Signed) Father, ~~M. D.~~
or Mother, ~~Midwife~~
Address Route 2 (Jamestan) Shelley, Idaho
Filed Feb, 1940

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bingham } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frederick James Wadsworth and Rachel M. Wadsworth being first duly sworn says that they are ~~is~~ the Father and Mother of James Donald Wadsworth
(Relationship of child)*

born June 14th 1909 at Jameston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that James Donald Wadsworth desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said James Donald Wadsworth

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife

medical attendant at the birth of said and that

the said medical attendant is Cannot locate
(Now deceased (or) cannot be located)

Name ~~of Affiant~~ Father: Frederick James Wadsworth
mother: Rachel M. Wadsworth

P. O. Address Route 2, Shelley Idaho

Subscribed and sworn to before me this 7th day of Feb, 1940

N. Glenn Stoker, Cache Clerk
~~Notary Public.~~

Residing at Logan Ut, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Jamestan
No. Route 2 Shelley, Idaho St.
614-154 00 S 4/4
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE 288878
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 288878
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Douglas Wadsworth

3. Sex Male | If plural births: 4. Twin, triplet, or other Twin; 5. Number, in order of birth 2 | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth June 14, 1909 (Month, Day, Year)

FATHER

9. Full name Frederick James Wadsworth
10. Residence (usual place of abode) (If non-resident, give place and State) Jamestan, Idaho
11. Color or race White | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Hooper, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. On my Farm
16. Date (month and year) last engaged in this work This June, 1909
17. Total time (years) spent in this work 10 yrs.

MOTHER

18. Full maiden name Rachel Ann Farns Maughan
19. Residence (usual place of abode) (If non-resident, give place and State) Jamestan, Idaho
20. Color or race White | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) Petersboro Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School Teacher
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Jamestan School
25. Date (month and year) last engaged in this work May, 1908
26. Total time (years) spent in this work 5 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? No Prophylactic was used

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks
30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 11:00 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Father, ~~M. D.~~
or Mother, ~~Midwife~~
Address Route 2 Shelley, Idaho
Filed Feb, 1910 — Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bingham } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frederick James Wadsworth & Mrs. Rachel M. Wadsworth being first duly sworn says that They are ~~is~~ the Father & mother of Charles Douglas Wadsworth
(Relationship of child)*

born June 14, 1909 at Jameston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Charles Douglas Wadsworth desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Charles Douglas Wadsworth hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant ~~is~~ cannot be located
(Now deceased (or) cannot be located)

Name of ~~Affiant~~ Father: Frederick James Wadsworth
Mother: Rachel M. Wadsworth
P. O. Address Route 2, Stellez Idaho

Subscribed and sworn to before me this 7 day of July, 1940

M. J. Crookston Co Clerk
~~Notary~~ Public.
Residing at Logan Utah, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

295 123 001 763

288891

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

288891

FEB 15 1940

Registration District No. 371 State File No.

Prim. Registration District No. 2003 Local Registrar's No. 24

1. PLACE OF BIRTH

County of Ada

City of Star

No. St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Elvin Kindred

3. Sex Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term

7. Legitimate? Yes

8. Date of birth Dec. 23, ~~193~~ 1909 (Month, Day, Year)

FATHER

9. Full name Charles H. Kindred

10. Residence (usual place of abode) (If non-resident, give place and State) Star, Idaho

11. Color or race W | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. ~~Industry or business in which~~ work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Mary O. Pollard

19. Residence (usual place of abode) (If non-resident, give place and State) Star, Idaho

20. Color or race W | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living Two (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Premature (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) O. W. Hall M. D.

or , Midwife

Address ~~Intermountain~~ Meridian

Give name added from a supplemental report January 24, 1940 (Date of)

J. W. Hoer Registrar

Filed Jan. 24, 1940

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho.
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary O. Kindred. being first duly sworn says that is the Mother. of John Elvin Kindred.
(Relationship of child)*

born December 23rd; 1909. at Meridian., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that I, desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said John Elvin Kindred. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr; Hall. M. D. was the Midwife medical attendant at the birth of said John Elvin Kindred. and that the said medical attendant is Can not be located.
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Mary O. Kindred.

P. O. Address Meridian. R. 1.

Subscribed and sworn to before me this 24th; day of January, 1940

W. H. Bee.
Notary Public.

Residing at Meridian., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

693 209 028-249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 1224 Front St.

(If born in hospital or institution give name.)

RECEIVED FEB 14 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

288939

Registration District No. 120 State File No.

Prim. Registration District No. Local Registrar's No. 14

2. FULL NAME OF CHILD Louise Wilkins

3. Sex F

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth Aug 9th, 1909 (Month, Day, Year)

FATHER

9. Full name Clement Wilkins

10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene

11. Color or race W

12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Littleton N.H. U.S.A.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work 8 yr

MOTHER

18. Full maiden name Martha J. Buckley

19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene

20. Color or race W

21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Emmond Point Wis. U.S.A.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argos

28. Number of children of this mother (At time of this birth and including this child) two

(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 0 months or weeks

30. Cause of Stillbirth During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 10 P.M. on the date above stated.

(Signed) John Hunt Schlichter, M. D.

or Midwife

Address Sandpoint Idaho

Filed 1-29, 1940 H. Fremont Ind. Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

Signed is Record Clerk from 1906 to 1917.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of **more than one child** at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

2 7 4 4 0 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

289901

Registration District No. 370 State File No.
Prim. Registration District No. Local Registrar's No.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1317 Idaho St.
194-106-001-313
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD James Richard Armstrong

3. Sex
If plural births { 4. Twin, triplet, or other ; 5. Number, in order of birth 2nd
6. Premature ; Full term yes
7. Legitimate? yes
8. Date of birth Sept 6th, 1909 (Month, Day, Year)

FATHER

9. Full name Francis Lisbon Armstrong
10. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race White | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Green Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Fire Insurance
16. Date (month and year) last engaged in this work Sept 6th, 1909
17. Total time (years) spent in this work 8

MOTHER

18. Full maiden name Lilian Jane Callaway.
19. Residence (usual place of abode) (If non-resident, give place and State)
20. Color or race white | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Silver Cliff Colo.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work 9th 6th, 1909
26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% argrol

28. Number of children of this mother two (At time of this birth and including this child) (a) Born alive and now living two (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks
30. Cause of stillbirth { Before labor ; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

(Signed) M. Callaway, M. D.
or , Midwife
Address Boise Idaho
Filed 2-20, 1940 R. Sharp Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)
Registrar.

953124-037-412

289907

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

289907

FEB

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of OWYHEE
City of DELAMAR IDAHO
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD JOHN MASTERS INCH

3. Sex

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth 1

6. Premature ..... Full term YES

7. Legitimate? YES

8. Date of birth JAN. 24 1909 (Month, Day, Year)

FATHER

9. Full name JOHN ALBERT INCH

10. Residence (usual place of abode) (If ~~non-resident~~, give place and State) DELAMAR IDAHO

11. Color or race WHITE | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) ENGLAND

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MINER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. MINING

16. Date (month and year) last engaged in this work Oct 1, 1909

17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name ELLEN MASTERS

19. Residence (usual place of abode) (If ~~non-resident~~, give place and State) DELAMAR IDAHO

20. Color or race WHITE | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) ENGLAND

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 6 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.
or Mrs. Margaret E. Haggerty, Midwife
Address 6746 - 11th Ave., N.W. Seattle Wash.

Filed Feb. 20 1940 Mae D. Atwood Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

289712

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 23 1940

Registration District No. ..... State File No. 289913

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Clearwater
City of Orofino
No. A315 211 018-251 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mildred Katherine Cavanaugh

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth Sept 11, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Joseph William Cavanaugh	18. Full maiden name: Mary Elizabeth Keaton
10. Residence (usual place of abode) (If non-resident, give place and State): Orofino, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Orofino, Idaho
11. Color or race: white | 12. Age at last birthday: 57 (years)	20. Color or race: white | 21. Age at last birthday: 41 (years)
13. Birthplace (city or place) (State or Country): Cascade, Iowa	22. Birthplace (city or place) (State or Country): Kansas City, Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: —	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: —
16. Date (month and year) last engaged in this work: still, 19..... | 17. Total time (years) spent in this work: 33	25. Date (month and year) last engaged in this work: still, 19..... | 26. Total time (years) spent in this work: 22

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 9 (At time of this birth and including this child)
(a) Born alive and now living 9 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed Feb, 1940

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of WASHINGTON
County of Asotin } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Elizabeth Cavanaugh being first duly sworn says that she is the mother of Mildred Katherine Cavanaugh
(Relationship of child)*

born September 11th, 1909 at Orofino, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Mildred Katherine Cavanaugh hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no ~~M.D. was the Midwife~~ medical attendant at the birth of said Mildred Katherine Cavanaugh ~~and that the said medical attendant is~~ ---
(Now deceased (or) cannot be located)

Name of Affiant Mary Elizabeth Cavanaugh
P. O. Address Clarkston, Washington

Subscribed and sworn to before me this 19th day of February, 19 40

Notary Public.

Residing at Clarkston, Washington, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

[redacted] OF BIRTH

[redacted]

No. [redacted] St.

336-12-7032-437

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

289949

FEB 28 1940

Registration District No. ..... State File No. 289949

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Thomas Patrick Lloyd

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term x | 7. Legitimate? Yes | 8. Date of birth Dec., 27, 1909, 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Thomas Patrick Lloyd	18. Full maiden name: Margaret Teresa McGorry
10. Residence (usual place of abode) (If non-resident, give place and State): Wendell Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Wendell Idaho
11. Color or race: Wh U.S. 12. Age at last birthday: 52 (years)	20. Color or race: Wh.U.S. 21. Age at last birthday: 34 (years)
13. Birthplace (city or place): Dabuque (State or Country): Iowa	22. Birthplace (city or place): Lincoln (State or Country): Ill
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farmer at present	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: Dec 27, 1909	25. Date (month and year) last engaged in this work: Dec 27, 1909
17. Total time (years) spent in this work: 2	26. Total time (years) spent in this work: 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive ~~or Stillborn~~)

(Signed) H. C. Lamb, M. D.

or ....., Midwife

Address .....

Filed FEB 28 1940, 193 Mae F. Elwood, Registrar
Bureau Vital Statistics

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of i[illegible] one child at birth a Separate Return must be made for each, and the number of each, in order of bir[illegible]

A 619457 DOB-249

289957

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

289957

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Boise,

City of Idaho City, Idaho

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Wilfrid James Farrell

3. Sex Male

If plural births: 4. Twin, triplet, or other Single birth; 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth June 17, 1909 (Month, Day, Year)

FATHER

9. Full name Francis W. Farrell, or Francis Farrell

10. Residence (usual place of abode) (If non-resident, give place and State) ~~Boise~~, Idaho

11. Color or race white

12. Age at last birthday ~~Age 56 at death~~ 46 (years)

13. Birthplace (city or place) (State or Country) Idaho City, Idaho

MOTHER

18. Full maiden name Mary Burke, or Mary J. Burke

19. Residence (usual place of abode) (If non-resident, give place and State) ~~Boise~~, Idaho

20. Color or race white

21. Age at last birthday ~~63~~ 62 (years)

22. Birthplace (city or place) (State or Country) St. Louis, Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer on dredge

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. --

16. Date (month and year) last engaged in this work Feb., 1925, 19....

17. Total time (years) spent in this work 14 yrs.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 43 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? --

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

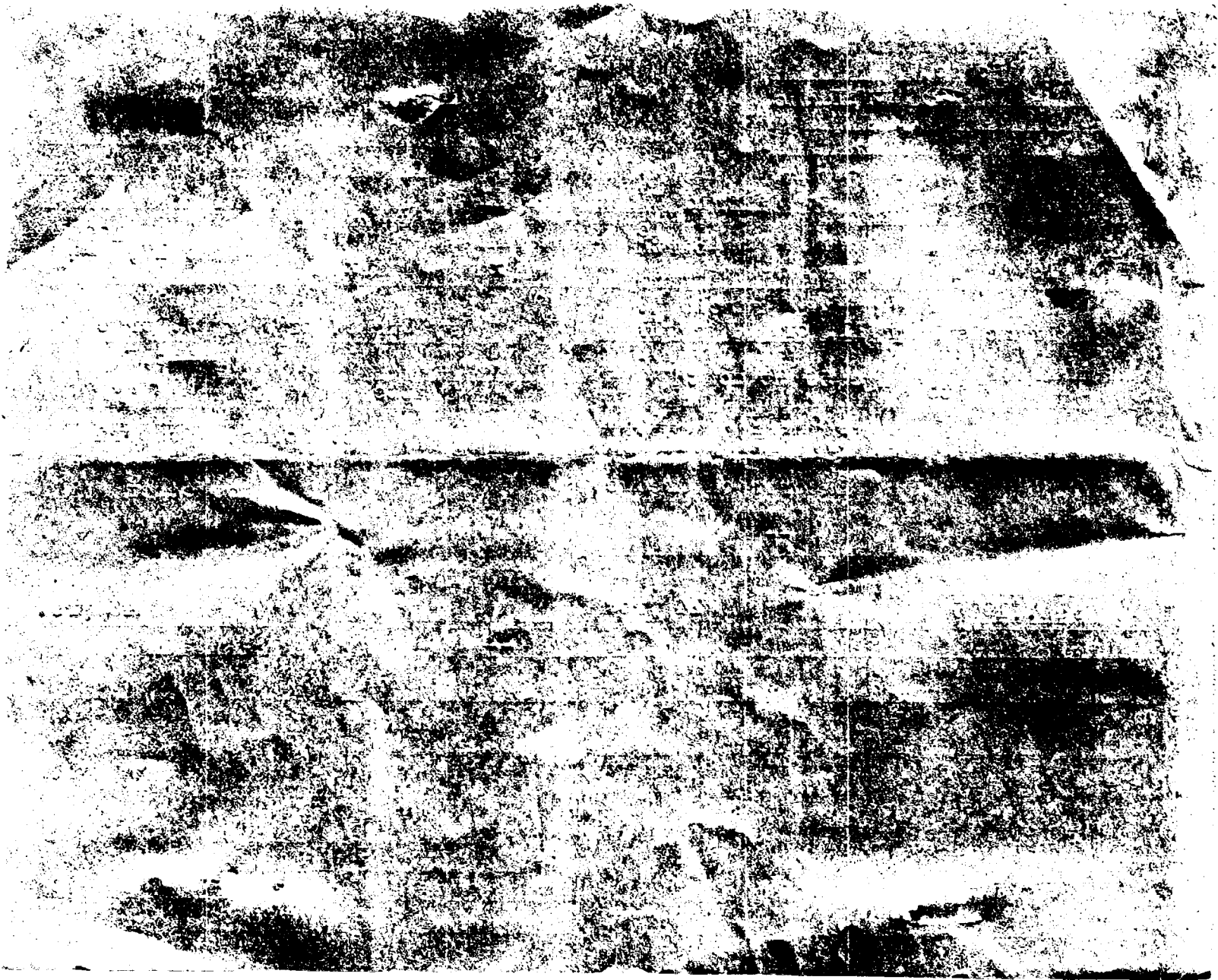
(Date of)

Filed March, 1925

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



289957

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary J. Farrell (otherwise known as Mary Farrell) being first duly sworn says that she is the mother (Relationship of child)* of Wilfrid James Farrell born June 17, 1909 (Date of birth) at Idaho City, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Wilfrid James Farrell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that a Placerville, Boise County, Idaho, doctor ~~M. D. was the Midwife~~ whose name affiant does not remember, was the medical attendant at the birth of said Wilfrid James Farrell and that the said medical attendant ~~is~~ cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Mary J. Farrell
P. O. Address Boise, Idaho

Subscribed and sworn to before me this 1st day of March, 1940

Betty H. Wright
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

236205 001874

RECEIVED
FEB 1940

289760

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

289960

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 111 1/2 South 3rd St. Street
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Thelma Sloan.

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Feb. 5, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Lawrence A Sloan	18. Full maiden name Laura V Hamm
10. Residence (usual place of abode) (If non-resident, give place and State) 111 1/2 So 3rd	19. Residence (usual place of abode) (If non-resident, give place and State) 111 1/2 So 3rd
11. Color or race W | 12. Age at last birthday 25 (years)	20. Color or race W | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Mont -	22. Birthplace (city or place) (State or Country) Idaho -
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry cleaner.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 12:30 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) John Brick, M. D.
or ....., Midwife
Address Boise Ida

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Jan, 1936 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Filer
No. 845 113 042.458 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 289963
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Frank J. Hunnicutt

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Dec. 13, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Hunnicutt	18. Full maiden name: Dollie Mable Meyers
10. Residence (usual place of abode) (If non-resident, give place and State): Filer, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Filer, Ida.
11. Color or race: W | 12. Age at last birthday: 33 (years)	20. Color or race: W | 21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Iowa	22. Birthplace (city or place) (State or Country): Nebraska
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. A. Newberry, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Dec. 1909, 193.... Mae G. Atwood, Registrar.
MAR 1940
Bureau of Vital Statistics

A494-228-032-913

290001

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated

1. PLACE OF BIRTH
County of Shoshone
City of Shoshone
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED
MAR 11 1940
CERTIFICATE OF BIRTH 390001

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Agnes Elizabeth Midwood

3. Sex Female | If plural births: 4. Twin, triplet, or other Single; 5. Number, in order of birth ..... | 6. Premature full; Full term Term | 7. Legitimate? Yes | 8. Date of birth July 28, 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name Joshua Midwood	18. Full maiden name Mary Belle Ralston
10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone	19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone
11. Color or race White | 12. Age at last birthday 44 (years)	20. Color or race White | 21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Runcorn Cheshire England	22. Birthplace (city or place) (State or Country) Danville Kentucky
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. none
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 1912	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work 25	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not Known

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed March 11, 1940 Mae G. Atwood Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

330001

State of OREGON
County of Deschutes } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Joshua Midwood being first duly sworn says that he is the father (Relationship of child)* of Agnes Elizabeth Midwood born July 28, 1909 (Date of birth) at Shoshone, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Agnes Elizabeth Midwood hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Baugh M. D. was the Midwife medical attendant at the birth of said Agnes Eliza beth Midwood and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Joshua Midwood
P. O. Address 1340 Federal Street, Bend, Oregon

Subscribed and sworn to before me this 7th day of March, 19 40

H. J. Merritt
Notary Public, 1943

Residing at Bend, Oregon, Idaho.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES MAR. 2 XXXXX

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

847-122-020 719

290017

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

290017

MAR 14 1940

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. 6th St.
no hospital or institution
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Ebben Hughes

3. Sex male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? ✓

8. Date of birth 3/22/1909, 193.... (Month, Day, Year)

FATHER

9. Full name William Henry Hughes

10. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Idaho

11. Color or race W. | 12. Age at last birthday 44 (years)

13. Birthplace (city or place) Illinois (State or Country) County + City unknown (now deceased)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer + Drayage

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Self.

16. Date (month and year) last engaged in this work Mar. 22, 1909

17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Rachael Elizabeth Garrems

19. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Idaho.

20. Color or race W | 21. Age at last birthday 39 (years)

22. Birthplace (city or place) Thurman, Fremont (State or Country) County, Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work Mar. 22, 1909

26. Total time (years) spent in this work 20 Years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother Ten (10) (At time of this birth and including this child) (a) Born alive and now living 9 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ✓ { months or weeks

30. Cause of Stillbirth ✓ { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

..... (Date of)

..... Registrar.

(Signed) ....., ~~M. D.~~
or Rachel Elizabeth Hughes Mother Midwife
Address 514 Jones Bldg. Tacoma, Wash.

Filed ....., 193.... .....
Registrar.

2
390017

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Pierce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rachael Elisabeth Hughes being first duly sworn says that she is the mother of Charles Ebben Hughes
(Relationship of child)*
born March 22, 1909 at Moscow, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that Charles Ebben Hughes desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Charles Ebben Hughes hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Ora De. Young ~~M.D.~~ was the Midwife medical attendant at the birth of said Charles Ebben Hughes and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Rachel Elisabeth Hughes
P. O. Address 514 Jones Bldg, Tacoma, Wash

Subscribed and sworn to before me this 13 day of March, 1940

L D Bark
Notary Public.

Residing at Tacoma Washington, ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

2 Certified copies issued [illegible], 19[illegible]. [illegible]

556 121 001 713

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

290049

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ..... St. RFD 5
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ray Randle Newman

3. Sex M

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth May 21, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Olof Engelbert Newman	18. Full maiden name Marguerite Irene Palmer
10. Residence (usual place of abode) (If non-resident, give place and State) RFD 5	19. Residence (usual place of abode) (If non-resident, give place and State) RFD 5
11. Color or race W	12. Age at last birthday 41 (years)
20. Color or race W	21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Ostrarsk Sweden	22. Birthplace (city or place) (State or Country) Dodge Center Minn.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead — (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 3.30 A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Ann Boeck, M. D.
or ....., Midwife
Address Boise Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Mar. 15, 1948 Mae G. Atwood
Registrar.

655-208 052-437

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Adams (Was Washington at time of this birth)

City of Council

No. St

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 290053

MAR 11 1940

Registration District No. 300 State File No.

Prim. Registration District No. Local Registrar's No. 538

2. **FULL NAME OF CHILD** Mildred Doris Weed

3. Sex Female

If plural births { 4. Twin, triplet, or other ; 5. Number, in order of birth 1

6. Premature 0 Full term yes

7. Legitimate? yes

8. Date of birth Sept 8th 1909, 193 (Month, Day, Year)

FATHER

9. Full name Carlos Lester Weed

10. Residence (usual place of abode) (If non-resident, give place and State) Council, Idaho.

11. Color or race W. 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Oakdale Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail General

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Store Owner

16. Date (month and year) last engaged in this work 9/8/09, 19

17. Total time (years) spent in this work 12 yrs.

MOTHER

18. Full maiden name Martha Rhoda McGown

19. Residence (usual place of abode) (If non-resident, give place and State) Council, Idaho.

20. Color or race W 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) McCune, Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work 9/8/09, 19

26. Total time (years) spent in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid.

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation } months or weeks

30. Cause of Stillbirth { During labor ; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 10 P.M. on the date above stated.

(Signed) Frank Brown, M. D.

or, Midwife

Address 1695 State St. Salem Oregon

Filed MAR 8 1940 193

Alice Hunter MD
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

A 352-109.042-352

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. 3rd Avenue West St.
(If born in hospital or institution give name.)

MAR 25 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291003

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Joseph Wallace Tessier

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth March 9, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Telesphore Tessier	18. Full maiden name: Georgiana Tessier
10. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls, Ida.
11. Color or race: white 12. Age at last birthday: 37 (years)	20. Color or race: white 21. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or Country): Canada	22. Birthplace (city or place) (State or Country): Canada
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Twin Falls Land and Water Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: March, 1909	25. Date (month and year) last engaged in this work: March, 1909
17. Total time (years) spent in this work: 6	26. Total time (years) spent in this work: 14

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Mar. 25, 1940 ..... Registrar.

STATE OF IDAHO

291003

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED MAR 25 1940

State of Washington
County of Yakima } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Georgiana Tessier being first duly sworn says that she is the mother (Relationship of child)* of Joseph Wallace Tessier born March 9, 1909 (Date of birth) at Twin Falls, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Joseph Wallace Tessier hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Joe Fix, ~~M.D.~~ Midwife, was the medical attendant at the birth of said Joseph Wallace Tessier and that the said medical attendant is ~~(Now deceased~~ (or) cannot be located)

Name of Affiant Mrs. Georgiana Tessier

P. O. Address 709 No. 3rd. St.

Subscribed and sworn to before me this 22 day of March, 1940

Bonnie Murphy
Notary Public.

Residing at Yakima, Wash. ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

845-110-031-795

291006

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291006

MAR 27 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Lewis
City of near Nezperce, Idaho
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ralph Harvey Hunsucker

3. Sex boy

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth May 10, 1909 (Month, Day, Year)

FATHER

9. Full name Ed W. Hunsucker

10. Residence (usual place of abode) (If non-resident, give place and State) Nezperce Ida

11. Color or race white 12. Age at last birthday 44 (years)

13. Birthplace (city or place) (State or Country) Hickory North Carolina Lewis Co. Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Lillie Pust (Hunsucker)

19. Residence (usual place of abode) (If non-resident, give place and State) Washington

20. Color or race white 21. Age at last birthday dead (years)

22. Birthplace (city or place) (State or Country) Washington

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living yes (b) Born alive but now dead no (c) Stillborn no

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed Mar., 1940

Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

291006

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 27 1940

State of Idaho
County of Lewis } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ed V Hunsucker being first duly sworn says that is the father (Relationship of child)* of Ralph Harvey Hunsucker born May 10, 1909 (Date of birth) at near Nezperce, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ralph Harvey Hunsucker hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Effie Prest, midwife, M. D., was the Midwife
(Dr E Taylor of Nezperce arrived after he was born)
medical attendant at the birth of said Ralph Harvey Hunsucker and that the said medical attendant is Dr Taylor and Mrs Effie Prest are both dead.
(Now deceased (or) cannot be located)

Name of Affiant Ed V Hunsucker

P. O. Address Nezperce, Idaho

Subscribed and sworn to before me this 25th day of March, 1940, 19

Guy W Mitchell
Notary Public.

Residing at Nezperce, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

399-125-016-366

291008

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Cassia
City of Oakley
No. ..... St. Ranch

RECEIVED
MAR 29 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 291008

Registration District No. ..... State File No. .....

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arthur Leonard Critchfield

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term yes	7. Legitimate? yes	8. Date of birth Aug 25, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Arthur C Critchfield	18. Full maiden name Clara L Cook. Cook
10. Residence (usual place of abode) (If non-resident, give place and State) Oakley Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Oakley Ida
11. Color or race White | 12. Age at last birthday 29 (years)	20. Color or race White | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Grocle Utah	22. Birthplace (city or place) (State or Country) Grantsville Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher Stock grower	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
16. Date (month and year) last engaged in this work lifetime, 19..	25. Date (month and year) last engaged in this work ....., 19..
17. Total time (years) spent in this work lifetime	26. Total time (years) spent in this work lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Three (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth No — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (~~Born~~ Alive or ~~Stillborn~~) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Arthur C Critchfield, M. D.
or Father, ~~Midwife~~
Address Oakley Cassia Co Idaho

Filed Mar, 1940

Registrar.

STATE OF IDAHO

291008

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 29 1940

State of Idaho
County of Cassia } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Arthur C Critchfield being first duly sworn says that is the Father (Relationship of child)* of Arthur Leonard Critchfield born 25 August 1909 (Date of birth) at Oakley, Idaho, whose certificate of birth is hereto attached, and that I desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Arthur Leonard Critchfield hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Ernest G Oldham, M. D., was the ~~Midwife~~ medical attendant at the birth of said Arthur Leonard Critchfield and that the said medical attendant is (Deceased) (Now deceased (or) cannot be located)

Name of Affiant Arthur C Critchfield
P. O. Address Oakley Cassia Co Idaho

Subscribed and sworn to before me this 28 day of March, 1940

Earle Litchfield
Notary Public.
Residing at Oakley, Idaho.

Com Exp 3/25/1944

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

263-2 051009-593

2 17/011

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291011

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Bonner

City of Cocolalla

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Agnes Angelene Sochia

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Nov. 5, 1930 (Month, Day, Year)

9. Full name FATHER Leon Theodore Sochia

10. Residence (usual place of abode) (If non-resident, give place and State) Cocolalla, Ida.

11. Color or race W | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) Auburn, (State or Country) Mass.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

18. Full maiden name MOTHER Jeanette Vick

19. Residence (usual place of abode) (If non-resident, give place and State) Cocolalla, Ida.

20. Color or race W | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) Tacoma, (State or Country) Washington

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed Mar. 28, 1940 Mae G. Atwood Registrar.

RECORDER'S OFFICE
SACRAMENTO, CALIF.

AFFIDAVIT OF BIRTH

291011

RECEIVED
MAR 28 1940

PERSONAL AND STATISTICAL PARTICULARS

Full Name of Child Agnes Angelene Sochia
Date of Birth Nov 5th 1909
Place of Birth Cocolalla Idaho, Bonner County.
Sex of Child female
Full Name of Father Leon Theodore Sochia
Residence at Child's Birth Cocolalla Bonner County
Age at Child's Birth Thirty years of age
Color or Race white
Birthplace Auburn Mass.
Occupation at Child's Birth Farmer
Full Maiden Name of Mother Jeanette Vick
Residence at Child's Birth Cocolalla, Ida, Bonner County
Age at Child's Birth Twenty one years of age
Color or Race white
Birthplace Tacoma, Washington
Occupation at Child's Birth housewife

I HEREBY CERTIFY that I am the mother of this child, who was born on the date above stated.

Affiant Mrs Jeanette Fister
Address 121 Bryte ave, Bryte Calif.

Dated March 5 1940

Subscribed and sworn to before me this 5th day of March 1940

SEAL

Albert Bonnell
Com. Expires Oct 1 1940.
Notary Public.

☞ **The RECORDING of this Document does not VOUCH for the Truth of any of the statements alleged.**

635-69-0044-491

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

291059

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 291059

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD HENRY HEWINS FLETCHER
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	August 9, 1909 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead ..... Stillborn 1

FATHER		MOTHER	
FULL NAME	William Henry Fletcher	FULL MAIDEN NAME	Eva Estella Draper
Residence (Usual place of abode)	Midvale	Residence (Usual place of abode)	Midvale
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday (Years)	40	Age at last birthday (Years)	27
Birthplace (City and State or County)	-	Birthplace (City and State or County)	Corydon, Iowa
Occupation	Merchant	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 7 A. M. on the date above stated.

(Signature) Mrs Joel Brown
(Mother)
~~(Physician or midwife)~~

Address Emmett Idaho

Filed Feb 17 1940 Mae G Atwood
Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mrs. Effie Keithley - Midvale Idaho.
Mrs. Joe Pickett Midvale Idaho.
Mrs. H. J. Hauntz Weiser Ida. 842 E. Park

STATE OF IDAHO

291059

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Gem } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Joel Brown being first duly sworn says that she is the Mother of Henry Hewins Fletcher
(Relationship of child)*

born August 9th, 1909 at Midvale, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Henry Hewins Fletcher hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. H. A. Hewins M. D. was the [redacted] medical attendant at the birth of said Henry Hewins Fletcher and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Joel Brown

P. O. Address Emmett, Idaho.

Subscribed and sworn to before me this 11th day of April, 19 40

[signature]
Notary Public.

Residing at Emmett, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

249-24-031-433

1. PLACE OF BIRTH

County of LEWIS

City of WOODLAND - IDAHO

No. ..... St. .....

(If born in hospital or institution give name.)

RECEIVED APR 16 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291062

Registration District No. ..... State File No. 291062

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ruth. EVELYN. ELAINE BURGE.

3. Sex Female | If plural births: 4. Twin, triplet, or other 1 | 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? YES | 8. Date of birth Oct 11, 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name CLAUDE. CHARLES. BURGE	18. Full maiden name Wilma D. McClenahan
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 26 (years)	20. Color or race White | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) MT. HOPE (State or Country) WASHINGTON.	22. Birthplace (city or place) Roseburg (State or Country) Oregon
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SAWYER.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. SAWMILL	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 1913	25. Date (month and year) last engaged in this work Sept 30, 1939
17. Total time (years) spent in this work 2	26. Total time (years) spent in this work 2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN (Born Alive or Stillborn) at 7:15 PM. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) C. C. Burge - Father, ~~M. D.~~

or (Claude Charles Burge), ~~Midwife~~

Address Lewiston Idaho

Filed April, 1940

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

APR 22 1940

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Wilma D. Richelman being first duly sworn says that she is the Mother of Ruth Evelyn Elaine Burge
(Relationship of child)*

born October 11, 1909 at Woodland, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ruth Evelyn Elaine Burge hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Collins was the Midwife ~~medical~~ attendant at the birth of said Ruth Evelyn Elaine Burge and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs. Wilma D. Richelman
P. O. Address 222-10th St. Lewiston, Ida

Subscribed and sworn to before me this 20 day of April, 19 40

John R. Phillips
Notary Public.

Residing at Lewiston, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

291081

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291081

1. PLACE OF BIRTH 664-218006-967

County of Bingham

City of Riverside (R.F.D. Blackfoot)

No. ..... St.

Born at home

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Florence Augusta Foutz

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Nov. 18, 1909 (Month, Day, Year)

FATHER

9. Full name: George Thorne Foutz

10. Residence (usual place of abode) (If non-resident, give place and State) Riverside, Idaho

11. Color or race white

12. Age at last birthday 27 (years)

13. Birthplace (city or place) Pleasant Grove (State or Country) Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work Nov. 18, 1909

17. Total time (years) spent in this work 2 yrs.

MOTHER

18. Full maiden name: Narcissa Edith Rogers

19. Residence (usual place of abode) (If non-resident, give place and State) Riverside, Idaho

20. Color or race white

21. Age at last birthday 25 (years)

22. Birthplace (city or place) Pleasant Grove (State or Country) Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Nov. 18, 1909

26. Total time (years) spent in this work 4 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born a live (Born Alive or Stillborn) at 9 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) George T. Foutz Father

or ....., Midwife

Address 1008 Downington Avenue, Salt Lake City, Utah

Give name added from a supplemental report .....

(Date of)

Registrar.

Filed 4/20, 1940

Registrar.

291081

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Salt Lake } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

George T. Foutz being first duly sworn says that he is the Father (Relationship of child)* of Florence Augusta Foutz born Nov. 18, 1909 (Date of birth) at Blackfoot, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Florence Augusta Foutz hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that No Doctor attended. M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is George Foutz, Father Lindmit (Now deceased (or) cannot be located)

Name of Affiant George T. Foutz
P. O. Address 1008 Downington Ave. Salt Lake City, Utah

Subscribed and sworn to before me this 11th day of February, 1939

[signature] Notary Public.
Residing at Salt Lake City, Utah, Idaho.

My Commission Expires 6/14/42

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

241-108 1003-434

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Soda Springs, Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 6 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 291119

Prim. Registration District No. 570 Local Registrar's No. 45

2. FULL NAME OF CHILD Alvin Kenneth Small

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate yes | 8. Date of birth 7/8, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: George Richard Small	18. Full maiden name: Susie McDermott
10. Residence (usual place of abode) (If non-resident, give place and State): Soda Springs	19. Residence (usual place of abode) (If non-resident, give place and State): Soda Springs
11. Color or race: W | 12. Age at last birthday: 58 (years)	20. Color or race: W | 21. Age at last birthday: 39 (years)
13. Birthplace (city or place) (State or Country): don't know New York	22. Birthplace (city or place) (State or Country): ~~N. Loup, Nebraska~~ Stanton, Ill.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: transfer dray	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ..... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: housewife
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? silver nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. Ellis Kackley, M. D.

or ..... Midwife

Address Soda Springs, Idaho

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed March 31, 1940 Dr. Russell Tipton

Registrar.

293-123-003-695

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291121

RECEIVED
APR 6 1940

1. PLACE OF BIRTH
County of Bannock
City of Henry Idaho
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. 521 Local Registrar's No. 27

2. FULL NAME OF CHILD Baby Calvina Billingsley

3. Sex Male

If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature — Full term yes

7. Legitimate? yes

8. Date of birth July 23rd, 1909 (Month, Day, Year)

FATHER

9. Full name Calvin Willard Billingsley

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race White | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Clifton Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stage Driver

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Soda Springs to Gray Idaho

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work one

MOTHER

18. Full maiden name Mary Vella Trinchell

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race White | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Ten Mile Springs Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 11 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ellis K and Lay, M. D.
or ....., Midwife
Address Soda Springs Ida

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 3-19-, 1940 Dr Russell Tigert Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

4/13/4

719-205-014-256

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED APR 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291127

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Florence Nadine Parrish

3. Sex female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth 11

6. Premature ..... Full term ✓

7. Legitimate? ✓

8. Date of birth July 5, 1909 (Month, Day, Year)

FATHER

9. Full name William Whitney Parrish

10. Residence (usual place of abode) (If non-resident, give place and State) Emmett

11. Color or race white | 12. Age at last birthday 50 (years)

13. Birthplace (city or place) (State or Country) Centerright New York

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Ella Frances Knox

19. Residence (usual place of abode) (If non-resident, give place and State) Emmett

20. Color or race ..... | 21. Age at last birthday 41 (years)

22. Birthplace (city or place) (State or Country) .....

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother 11 (At time of this birth and including this child) (a) Born alive and now living 10 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillborn ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) J. L. Reynolds, M. D.

or ....., Midwife

Address Emmett Idaho

Give name added from a supplemental report .....

(Date of)

Filed 4-10-, 1940 J. L. Reynolds

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Minidoka
City of Acequia
No. A238 126 034 238 St.
(If born in hospital or institution give name.)

RECEIVED
APR 25 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

292206

CERTIFICATE OF BIRTH 292206

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Walter Henry Schroeder

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth June 26, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name August Schroeder	18. Full maiden name Agnes Schaller
10. Residence (usual place of abode) (If non-resident, give place and State) Acequia, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Acequia, Idaho
11. Color or race white | 12. Age at last birthday 33 (years)	20. Color or race white | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Germany	22. Birthplace (city or place) (State or Country) Germany
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as ~~housekeeper,~~ typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work June 26, 1909 | 17. Total time (years) spent in this work 5 yrs	25. Date (month and year) last engaged in this work June 26, 1909 | 26. Total time (years) spent in this work 6 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report Mrs. Agnes Schroeder (Date of)

..... Registrar.

Filed april, 1940

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

REGISTERED
APR 25 1940

State of Idaho
County of Shoshone } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Agnes Schroeder being first duly sworn says that she is the mother (Relationship of child)* of Walter H Schroeder born June 26, 1909 (Date of birth) at Acequia, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Walter Henry Schroeder hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that a Mrs Fayle, ~~M.D.~~ Midwife, was the medical attendant at the birth of said Walter Henry Schroeder and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Mrs Agnes Schroeder

P. O. Address

Subscribed and sworn to before me this 20th day of April, 1940

Mary M Stout
Notary Public.

Residing at Kellogg, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Moscow

No. 314 120029-9/6 St.

(If born in hospital or institution give name.)

RECEIVED APR 29 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

292219

Registration District No. ..... State File No. 292219

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Donald Lloyd Campbell

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Aug. 20, 1930 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Howard Campbell	18. Full maiden name: Myrtle Rawson
10. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Idaho
11. Color or race W | 12. Age at last birthday 40 (years)	20. Color or race W | 21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Connecticut	22. Birthplace (city or place) (State or Country) Fayette County, Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.. | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) Third (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months ..... weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was About Noon at ..... m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) W. A. Adair, M. D.

or Mrs. Myrtle Campbell Mother, Midwife

Address .....

Filed APR 29 1940, 193..

Mae G. Atwood
State Registrar.

Mae G. Atwood
Sta. Registrar

April 29, 1940.
This record is a corrected copy of the record filed in the County of Latah, State of Idaho, Page 15, Number 589, in volume 1 of Birth Records. The reason for this filing -- Mother's maiden name misspelled. Corrected from -- Rossin, to Rawson.

Bureau of Vital Statistics.

Mae G. Atwood

Mae G. Atwood, State Registrar

REGISTER OF BIRTHS IN COUNTY OF LATAH,

STATE OF IDAHO

--

C H I L D

Record Number - 589
SURNAME, AND CHRISTIAN NAME, IF ONE BE GIVEN - Donald
DATE OF BIRTH
Month-Aug.
Day - 20
Year - 1909

BIRTHPLACE - Moscow, Idaho
Male or Female - Male
White, Black, Indian, etc. - White
Alive, Stillborn, Legitimate, Illegitimate, Twins, etc. - Living Legitimate

F A T H E R

FULL NAME - Howard Campbell
Age Last Birthday - 40
White, Black, Indian, etc. - White
OCCUPATION - Farmer, Moscow, Idaho
Birthplace, Name of State or Foreign Country - Con_.

M O T H E R

MAIDEN NAME - Myrtle Rossin
Age Last Birthday ---
White, Black, Indian, etc. ----
No. of Child. Born to this Morther - 3
Birthplace, Name of State or Foreign Country ----

R E T U R N

BY WHOM RETURNED - W. A. Adair
DATE OF RETURN
Month - Jan.
Day - 6
Year - 1910

---::---

STATE OF IDAHO,)
(ss.
County of Latah)

I, HARRY A. THATCHER, Ex-officio Auditor and Recorder in and for said county and state, do hereby certify that the

above and foregoing is a full, true and correct copy of the Birth Record of Donald Campbell as the same appears on record in my office at page 15, number 589, in volume 1 of Birth Records.

In Witness Whereof, I have hereunto set my hand and affixed my official seal at Moscow, Idaho, this 26th day of April, 1940.

H A R R Y A. T H A T C H E R,
Ex-officio Auditor and Recorder,

By Rose E. Rawson
Deputy.

295 114 035 413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

292226

Registration District No. 221 State File No. 292226

Prim. Registration District No. 96 Local Registrar's No.

1. PLACE OF BIRTH
County of Nez Perce
City of Lapwai
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Delmar Vess King

3. Sex | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? | 8. Date of birth May 14, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Ira Fox King	18. Full maiden name Mattie Elsie Mask
10. Residence (usual place of abode) (If non-resident, give place and State) Lapwai	19. Residence (usual place of abode) (If non-resident, give place and State) Lapwai
11. Color or race White 12. Age at last birthday 31 (years)	20. Color or race White 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or country) Waverly Washington	22. Birthplace (city or place) (State or country) Dayton Washington
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks | 30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Living (Born Alive or Stillborn) at on the date above stated.

(Signed) J. M. Kelly M. D.

or , Midwife

Address

Filed April 15, 1940 Mark M. Kinnan M.D. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

Registrar.

A433-219-027693

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jerome

City of Jerome, Idaho

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED MAY 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

292324

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Della Muakle McCabe

3. Sex Female

If plural births { 4. Twin, triplet, or other 0 / 5. Number, in order of birth 0

6. Premature 0 Full term yes

7. Legitimate? yes

8. Date of birth Feb. 19, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles McCabe	18. Full maiden name Deborah Wilson
10. Residence (usual place of abode) (If non-resident, give place and State) Jerome Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Jerome Idaho
11. Color or race White | 12. Age at last birthday 33 (years)	20. Color or race White | 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Harvard Clay County, Nebraska	22. Birthplace (city or place) (State or Country) Kirculfin County Down, Ireland
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work Well Life	26. Total time (years) spent in this work always

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... / Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed May, 1940

Registrar.

Registrar.

292324

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Jerome } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Deborah McCabe being first duly sworn says that she is the Mother of Della Muckle McCabe
(Relationship of child)*

born February 19, 1909 at Jerome, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Della Muckle McCabe hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. E. D. Piper M. D. was the ~~Midwife~~ medical attendant at the birth of said Della Muckle McCabe and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Deborah McCabe

P. O. Address Jerome, Idaho

Subscribed and sworn to before me this 24th day of April, 19 40

Frank M. Reeting
Notary Public.

Residing at Jerome, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

689118 009-395

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonner

City of Sand Point

No. ..... St.

Idaho

(If born in hospital or institution give name.)

RECEIVED

MAY 18 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293216

Registration District No. ..... State File No. 293316

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ralph George Whitson

3. Sex M.

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term YES

7. Legitimate? Yes No

8. Date of birth AUG. 18, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name George Fountain Whitson	18. Full maiden name Eleanor Louise Siemeyer
10. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint Ida
11. Color or race W	20. Color or race W
12. Age at last birthday 22 (years)	21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Seymour Indiana	22. Birthplace (city or place) (State or Country) Vallonia Indiana
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Butcher	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work September, 1917	25. Date (month and year) last engaged in this work Present, 1940
17. Total time (years) spent in this work 9	26. Total time (years) spent in this work R.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Two. (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead No (c) Stillborn No

29. If stillborn, period of gestation No { months or weeks

30. Cause of stillbirth No { Before labor No During labor No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 5:15 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) × George F. Whitson Father

or

Address Chas. J. Henry Notary Public in and for State of Washington at

Filed Route 7, Box 1748 Seattle

Registrar.

A785-230-035-659

RECEIVED

MAY 17 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293323

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Pierce
City of Lewiston
No. 313 - 16 Ave St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ellamarie Estella Phelps

3. Sex Fem

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth 1-30, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Herbert Blaine Phelps	18. Full maiden name Lucy Bell Ferris
10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston	19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston
11. Color or race Caucas 12. Age at last birthday 32 (years)	20. Color or race Caucas 21. Age at last birthday 28 (years)
13. Birthplace (city or place) Newton (State or Country) Jasper Co Iowa	22. Birthplace (city or place) Whittemore (State or Country) Kossuth Co Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dock Forman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O.R.N. Docks	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Jan, 1909	25. Date (month and year) last engaged in this work Continuance, 1909
17. Total time (years) spent in this work 3 yrs	26. Total time (years) spent in this work 9 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boracic-acid used by Dr.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn 3

29. If stillborn, period of gestation 3 month + under { months or weeks

30. Cause of Stillbirth work or lifting or train { During labor ..... Before labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed May 17, 1940 Mae G. Atwood
Registrar.

Registrar.

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

293323

STATE OF ~~IDAHO~~ Arizona

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

MAY 17 1940

State of Arizona
County of Maricopa } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

H. B. Phelps and Lucy Phelps being first duly sworn says that ~~they~~ ~~is~~ are the parents (Relationship of child)* of Ellamarie Estella Phelps born Jan. 30, 1909 (Date of birth) at Lewiston, Idaho, whose certificate of birth is hereto attached, and that they desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said child hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Schaaf, M. D., ~~was the Midwife~~ medical attendant at the birth of said Ellamarie Estella Phelps and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant H B Phelps
~~P. O. Address~~ Lucy Phelps

Subscribed and sworn to before me this 3rd day of May, 19 40

N. S. Carpenter
Notary Public.

My Commission Expires Nov. 23, 1943 Residing at Phoenix, Arizona, ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

853127022-431

293343

RECEIVED
MAY 22 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293343

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Fremont
City of Marysville
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Douglas Robert Helm

3. Sex Male

If plural births { 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature — Full term yes

7. Legitimate? yes

8. Date of birth Apr. 27, 1909 (Month, Day, Year)

FATHER

9. Full name Robert Helm

10. Residence (usual place of abode) (If non-resident, give place and State) Marysville Idaho

11. Color or race White | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Ogden, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work 7

MOTHER

18. Full maiden name Cloa M. Mc Arthur

19. Residence (usual place of abode) (If non-resident, give place and State) Marysville Idaho

20. Color or race White | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Mt. Pleasant, Utah Sanpete Co.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
two
(a) Born alive and now living yes (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillborn ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Robert Helm (Father), M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed May, 1940

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

293343

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

MAY 2

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Robert Helm being first duly sworn says that is the father (Relationship of child)* of Douglas Robert Helm born April 27th, 1909 (Date of birth) at Marysville, Idaho, whose certificate of birth is hereto attached, and that Douglas Robert Helm desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Douglas Robert Helm hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Hummel, M. D. was the ~~Mrs.~~ medical attendant at the birth of said Douglas Robert Helm and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Robert Helm

P. O. Address 8426 Long Beach Blvd., South Gate, Cal.

Subscribed and sworn to before me this 18th. day of May 19 40

George L. Kerslake
Notary Public.

my Commission Expires Feb. 11th 1943

Residing at 2926 Santa Ana St. South Gate, Calif. ~~Idaho~~.

Notary Public Los Angeles County

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A 749 204 009 843

293344

RECEIVED MAY 22 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293344

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of BONNER

City of SANDPOINT

No. 413 4TH., AVE. St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD IRENE LENORE SMITH

3. Sex FEMALE

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth 1

6. Premature ..... Full term YES

7. Legitimate? YES

8. Date of birth OCT. 4TH 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name WILLIAM JOHN SMITH	18. Full maiden name ALICE EUGENIA HUTCHINSON
10. Residence (usual place of abode) (If non-resident, give place and State) SANDPOINT	19. Residence (usual place of abode) (If non-resident, give place and State) SANDPOINT
11. Color or race WHITE	20. Color or race WHITE
12. Age at last birthday 26 (years)	21. Age at last birthday 21 (years)
13. Birthplace (city or place) COUNCIL BLUFFS (State or Country) IOWA U.S.A.	22. Birthplace (city or place) AGUSTA (State or Country) WISCONSIN U.S.A.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. AGENT	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. RAILROAD	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME
16. Date (month and year) last engaged in this work MAY 1911, 19	25. Date (month and year) last engaged in this work ....., 19
17. Total time (years) spent in this work 9 YEARS	26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother ONE (At time of this birth and including this child) (a) Born alive and now living ONE (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

(Signed) ....., M. D.

or ....., Midwife

Address Mae G. Atwood

Filed May 22 1940 Mae G. Atwood Registrar

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Certified Copy issued Dec. 12, 1940. E.W.

STATE OF IDAHO

293344

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

MAY 22 1940

State of ILLINOIS
County of COOK } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

WILLIAM JOHN SMITH being first duly sworn says that HE is the FATHER (Relationship of child)* of IRENE LENORE SMITH born OCT 4TH., 1909 (Date of birth) at SANDPOINT, Idaho, whose certificate of birth is hereto attached, and that HE desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said IRENE LENORE SMITH hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M.L. McKINNON, M. D., was the ~~Midwife~~ medical attendant at the birth of said IRENE LENORE SMITH and that the said medical attendant is DECEASED
(Now deceased (or) cannot be located)

Name of Affiant William John Smith

P. O. Address 2403 No. OAKLEY AVE., CHICAGO ILL.

Subscribed and sworn to before me this 17TH day of MAY, 1940

Oscar E. Westphal
Notary Public.

My Commission Expires March 23, 1944

Residing at 3945 AUGUSTA BLVD., CHICAGO, ILLINOIS

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A533 114 003-386

293425

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**

County of Bannock

City of Pocatello

No. 836 N. Harrison St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 4 1940

Registration District No. ..... State File No. 293425

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** John Gerald Elliott

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 7

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Jan 14, 1939 (Month, Day, Year)

FATHER

9. Full name: Aaron Elliott

10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello, Ida.

11. Color or race W | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Yorkshire, England

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Abstractor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Martha Ann Thomas

19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello, Ida.

20. Color or race W | 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or Country) Salt Lake City, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Seventh (a) Born alive and now living 7 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 7:00 at P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed June 7, 1940

Registrar.

Registrar.

JUN 7 1940

293425

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUN 7 1940

State of Boise
County of Idaho } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Florence Elliott Vaughn being first duly sworn says that she is the Older Sister (Relationship of child)* of John Gerald Elliott born January 14, 1909 (Date of birth) at Pocatello, Idaho, Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Gerald Elliott hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Castle, M. D., was the Midwife medical attendant at the birth of said John Gerald Elliott and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Florence Elliott Vaughn

P. O. Address Horseshoe Bend, Idaho

Subscribed and sworn to before me this 7th day of June, 19 40

Beth Bendelsmann
Notary Public.

Residing at Boise Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A249-106-035-219

293442

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293442

JUN 10 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Allan Smith

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature Yes Full term .....

7. Legitimate? Yes

8. Date of birth Dec 6, 1909 (Month, Day, Year)

FATHER

9. Full name James Forrest Smith

10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston, Idaho

11. Color or race White | 12. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) Lewiston Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grocery Store

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Blanche Barnett

19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston, Idaho

20. Color or race White | 21. Age at last birthday 18 (years)

22. Birthplace (city or place) (State or Country) Montiello, Minnesota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? not known

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

~~I hereby certify that I attended the birth of this child, who was~~ Born Alive (Born Alive or Stillborn) ~~at 12 p. m. on the date above stated.~~

~~When there was no attending physician or midwife, then the father, householder, etc., should make this return.~~

~~(Signed)~~ Blanche Rudolph ~~, M. D.~~

~~or~~ Lawful Mother ~~, Midwife~~

~~Address~~ 503-8A St. N.E. Calgary

~~Filed~~ alberta, 193 Canada

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

3.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

293442

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

~~State of~~ Dominion of Canada
~~County~~ of Province of Alberta } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Blanche Rudolph formerly Blanche Smith being first duly sworn says that she is the Mother of Allan Smith
(Relationship of child)*

born June 6, 1909 at Lewiston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Allan Smith hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Morris M. D. was the ~~Midwife~~ medical attendant at the birth of said Allan Smith and that the said medical attendant ~~is~~ cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Blanche Rudolph formerly Blanche Smith
P. O. Address 503-8A St. N.E. Calgary, Alberta, Canada

Subscribed and sworn to before me this 10 day of September, 1937

In & for Province of Alberta during lifetime Notary Public.
Residing at Calgary Alberta, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293455

JUN 10 1940

Registration District No. ..... State File No. 293455

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Fremont

City of St. nthony,

No. A396-115-022-569 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Gerald Conard Crosier

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth March 15 1909 ~~193x x~~ (Month, Day, Year)

9. Full name FATHER Isaac Newton Crosier

10. Residence (usual place of abode) (If non-resident, give place and State) St. Anthony

11. Color or race white 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Michigan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. St. Anthony,

16. Date (month and year) last engaged in this work November, 19~~06~~

17. Total time (years) spent in this work 12 yrs

18. Full maiden name MOTHER Bessie North

19. Residence (usual place of abode) (If non-resident, give place and State) St. Anthony,

20. Color or race white 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Helena, Montana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work ~~One year~~, 19.....

26. Total time (years) spent in this work ~~1 yr~~

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 2

2 Two (a) Born alive and now living X (b) Born alive but now dead X (c) Stillborn .....

29. If stillborn, period of gestation X { months or weeks

30. Cause of Stillbirth X { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed June, 1940

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Butte } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Bessie Crosier being first duly sworn says that she is the mother (Relationship of child)* of Gerald Conard Crosier born March 15, 1909 (Date of birth) at St. Anthony, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Gerald Conard Crosier hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. W. C. Dunnell, M. D., was the Midwife medical attendant at the birth of said Gerald Conard Crosier and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Bessie Crosier

P. O. Address Darlington, Idaho,

Subscribed and sworn to before me this 7th day of June, 1940.

E. W. Boyer
Notary Public.

Residing at Arco, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A231 126 034 449

293493

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 17 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Minnidoka
City of Rupert
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Melvin Dexter Slater

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth One

6. Premature ..... Full term Full Term

7. Legitimate? Yes

8. Date of birth Nov. 26, ~~192~~ 1909 (Month, Day, Year)

FATHER

9. Full name George Frederick Slater

10. Residence (usual place of abode) (If non-resident, give place and State) Rupert, Idaho

11. Color or race White | 12. Age at last birthday 45 (years)

13. Birthplace (city or place) (State or Country) Hudson, Wis.

OCCUPATION

14. Trade, profession, or particular ~~kind~~ of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓

16. Date (month and year) last engaged in this work ✓, 19..... | 17. Total time (years) spent in this work ✓

MOTHER

18. Full maiden name Effie Jane Murphy

19. Residence (usual place of abode) (If non-resident, give place and State) Rupert, Idaho

20. Color or race White | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) Canada father & mother American citizens

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓

25. Date (month and year) last engaged in this work ✓, 19..... | 26. Total time (years) ~~spent~~ in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
Two
(a) Born alive and now living Two (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed June, 1940

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

293493

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Wash
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Melvin Dexter Slater being first duly sworn says that he is the son (Relationship of child)* of George Frederick Slater, born Feb. 26 - 1864 (Date of birth) at Hudson, Wis, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Melvin Dexter Slater hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Killin, M. D., was the Midwife medical attendant at the birth of said Melvin Dexter Slater and that the said medical attendant is dead (Now deceased (or) cannot be located)

Name of Affiant George Frederick Slater
P. O. Address 109 West 75th Seattle Wash

Subscribed and sworn to before me this 14 day of June, 19 40

Gladys J. Harrington
Notary Public.
Residing at Seattle, Wash, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A 255-231-035-319

1. PLACE OF BIRTH
County of Nez Perce
City of Mohler
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
JUN 6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

293542

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. 232 Local Registrar's No. 19

2. FULL NAME OF CHILD Edna Mae Seehorn

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term Yes
7. Legitimate? yes
8. Date of birth Dec. 31, 1909 (Month, Day, Year)

FATHER

9. Full name Joseph Newton Seehorn
10. Residence (usual place of abode) (If non-resident, give place and State) Mohler Idaho
11. Color or race White | 12. Age at last birthday 46 (years)
13. Birthplace (city or place) Limestone (State or Country) Tennessee

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm
16. Date (month and year) last engaged in this work Present Dec ..., 1909
17. Total time (years) spent in this work 14

MOTHER

18. Full maiden name Sarah Louise Carson
19. Residence (usual place of abode) (If non-resident, give place and State) Mohler Idaho
20. Color or race White | 21. Age at last birthday 41 (years)
22. Birthplace (city or place) Limestone (State or Country) Tennessee

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Present Dec 31 1909
26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at — m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed May 4, 1940 C. E. Clovis Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH 29354
BUREAU OF VITAL STATISTICS

State of Idaho
County of Lewis } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Blanch S. Anderson being first duly sworn says that she is the Sister (Relationship of child)* of Edna Mae Seehorn born December 31 1909 (Date of birth) at Mohler, Idaho, whose certificate of birth is hereto attached, and that Blanche S. Anderson desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Edna Mae Seehorn hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that H. C. Parrish, M. D., was the Midwife medical attendant at the birth of said and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Blanche S. Anderson

P. O. Address Mohler, Idaho.

Subscribed and sworn to before me this 4 day of May, 1940

B. B. Barr Jr.
Notary Public.

Residing at Cardgmont, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1A 796 64-046-561

PLACE OF BIRTH

County of Washington (Now Adams)

City of Meadows, Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293549

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Loyd Yoakum Irwin

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? .....

8. Date of birth Feb. 4th, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Chester Charles Irwin	18. Full maiden name: Nellie Grace Yoakum
10. Residence (usual place of abode) (If non-resident, give place and State): Meadows, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Meadows Ida
11. Color or race: White | 12. Age at last birthday: 27 (years)	20. Color or race: White | 21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or Country): Hailey Idaho	22. Birthplace (city or place) (State or Country): Pendleton Oregon
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Cattle ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work: 6 mo's	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work: 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed May 16, 1909

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

.....

Registrar.

DELAYED

STATE OF IDAHO

293549

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Adams (Formerly Washington) } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nellie Grace Irwin (Nee Yoakum) being first duly sworn says that she is the Mother (Relationship of child)* of Loyd Yoakum Irwin born February 4th 1909 (Date of birth) at Meadows, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Loyd Yoakum Irwin hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Catherine Clay, ~~M. D.~~ Midwife, was the medical attendant at the birth of said Loyd Yoakum Irwin and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Nellie Grace Irwin
P. O. Address New Meadows, Idaho

Subscribed and sworn to before me this 16th day of May, 1940

Lee Highley Notary Public.
Residing at New Meadows, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

238-115 (D 284

294577

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 18 1940

CERTIFICATE OF BIRTH

294577

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bonneville
City or Idaho Falls
No. 135-8th St. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Donald Walter Scherff

3. Sex Male

If plural births { 4. Twin, triplet, or other —
5. Number, in order of birth —

6. Premature — Full term ✓

7. Legitimate? yes

8. Date of birth Nov 15 - 1939 (Month, Day, Year)

9. Full name ~~[illegible]~~ FATHER Walter A. Scherff

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls

11. Color or race White | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) Milwaukee (State or Country) Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner & Dyer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work

18. Full maiden name MOTHER Lucy Josie Shultz

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls

20. Color or race White | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) Mitt City Mo. (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. —
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
25. Date (month and year) last engaged in this work — , 19—
26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living None (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation X { months or weeks

30. Cause of Stillbirth X { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or ~~Stillborn~~)

(Signed) Mrs. Lucy S. Scherff Mother, ~~M.D.~~

or ....., Midwife

Address 2368 N. 62 St. Milwaukee Wis.

Filed June, 1940

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

294577

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 18 1940

State of Idaho
County of Bonneville } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Lucy S. Scherff being first duly sworn says that same is the Mother (Relationship of child)* of Donald Walter Scherff born Nov-15-1909 (Date of birth) at Idaho Falls, Idaho, whose certificate of birth is hereto attached, and that Mrs. Lucy S. Scherff desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Donald Walter Scherff hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. S. S. Fuller, M. D., ~~was the Midwife~~ medical attendant at the birth of said Donald Walter Scherff and that the said medical attendant is ~~(now deceased (or)~~ cannot be located)

2368 N. 62 St.

Name of Affiant Mrs. Lucy S. Scherff
P. O. Address Milwaukee Wis.

Subscribed and sworn to before me this 15th day of June, 1940

Bessie Allen
Notary Public.

Residing at Idaho Falls, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH** 433-119 006 3/4

County of Bingham

City of Blackfoot

No. ..... St.

at home on farm

(If born in hospital or institution give name.)

RECEIVED JUN 24 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 294599

Registration District No. ..... State File No. 294599

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Leon La More Ultican

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth April 19, 1909 (Month, Day, Year)

FATHER

9. Full name: William Patrick Ultican

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race: White | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country): Chippewa Falls Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: farmer

16. Date (month and year) last engaged in this work ....., 19..

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Ella La More [redacted]

19. Residence (usual place of abode) (If non-resident, give place and State): Blackfoot

20. Color or race: White | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country): Chickimaging Michigan

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home

25. Date (month and year) last engaged in this work ....., 19..

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? don't know

28. Number of children of this mother 7 (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 5-9 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. P. Ultican, ~~M. D.~~

or Father, ~~Midwife~~

Address Butte Mont.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed June, 1940

Registrar.

Can not locate attending physician, Dr. _____ Patrie

STATE OF IDAHO

294599

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 24 1940

State of Idaho
County of Gooding } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

W. P. Ultican (William Patrick Ultican being first duly sworn says that is the Father (Relationship of child)* of Leon LaMore Ultican born April 19, 1909 (Date of birth) at Blackfoot, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Leon LaMore Ultican hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Patrie, M. D., ~~Midwife~~ was the medical attendant at the birth of said Leon LaMore Ultican and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant William Patrick Ultican

P. O. Address Tuttle, Idaho

Subscribed and sworn to before me this 22nd day of June, 1940

M F Ryan
Notary Public.

Residing at Gooding, Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A155720021-345

294632

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294632

RECEIVED
JUN 26 1940

1. PLACE OF BIRTH
County of Franklin
City of Preston
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 540 State File No. .....
Prim. Registration District No. 419 Local Registrar's No. 140

2. FULL NAME OF CHILD Harold David Jensen

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth May 20, 1909 (Month, Day, Year)

FATHER

9. Full name Fredrick Charles Jensen

10. Residence (usual place of abode) (If non-resident, give place and State) Preston

11. Color or race W | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Preston Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Dagmar Lund

19. Residence (usual place of abode) (If non-resident, give place and State) Same

20. Color or race W | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Preston Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 2:30 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed June 24, 1940 G. N. States
Registrar.

WRITE IN UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

294632

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 26 1940

State of Idaho
County of Franklin } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Dagmar L. Jensen being first duly sworn says that she is the Mother of Harold David Jensen
(Relationship of child)*

born May 20th 1909 at Preston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said are true hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Allen R. Cutler M. D. was the Midwife medical attendant at the birth of said Harold David Jensen and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Dagmar L. Jensen
P. O. Address Preston, Idaho,

Subscribed and sworn to before me this 21st day of June, 1940

Arthur Hart
Notary Public.

Residing at Preston, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

PLAINLY WRITE

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Fremont (now Madison)

City of Burton, Idaho

No. 168 23 022 413 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294662

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eva Grace Johnson

3. Sex F

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? .....

8. Date of birth May 13, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Erastus William Johnson	18. Full maiden name Lillie Mae Machen
10. Residence (usual place of abode) (If non-resident, give place and State) Burton, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Burton, Idaho
11. Color or race W | 12. Age at last birthday 35 (years)	20. Color or race W | 21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Cache County, Utah	22. Birthplace (city or place) (State or Country) Sandy, Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm (Homestead)	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work ....., 19.. | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Mrs D. S. Armstrong (Sister), ~~M. D.~~

or Mary Ann Watts (Deceased), Midwife

Address Rexburg, Idaho

Filed June 27, 1940

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

DELAYED

dup of 1909-3672666

STATE OF IDAHO

294662

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Madison } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs D. L. Armstrong being first duly sworn says that she is the sister (Relationship of child)* of Eva Grace Johnson, who was born May 13, 1909 (Date of birth) at Burton, Idaho, whose certificate of birth is hereto attached, and that Eva Grace Johnson desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Eva Grace Johnson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Mary Ann Watts, ~~M.D.~~ Midwife, was the medical attendant at the birth of said Eva Grace Johnson and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs. D. L. Armstrong (Sister)

P. O. Address 136 South Center St., Rexburg, Idaho

Subscribed and sworn to before me this 26th day of June, 1940

G. W. Smith
Notary Public.

Residing at Rexburg, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Minidoka
City of Rupert
No. 2445 T22 034 369 St.
(If born in hospital or institution give name.)

RECEIVED
JUL 1 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294700

CERTIFICATE OF BIRTH

294700

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harry Earl Minerd

3. Sex Male | If plural births {4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Jan 22, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Luther Minerd Sr.	18. Full maiden name Mary Bertha Cornelius
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 43 (years)	20. Color or race White | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Sci, Ohio	22. Birthplace (city or place) (State or Country) Sacramento California
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 20	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 14

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 73 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... {months or weeks | 30. Cause of Stillbirth ..... {During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 12:00 p.m. on the date above stated.

JUN 25 1940

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) X Mary Bertha Minerd, M. D.
or Mother, Midwife
Address 339 19th St San Bernardino, Calif.

Give name added from a supplemental report .....
(Date of) .....
Registrar.

Filed July, 1940
Registrar.

DELAYED

294709

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 1940

State of California ~~Idaho~~ } ss.
County of ~~Ingham~~ San Bernardino Calif.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Bertha ~~Otterstine~~ Minerd being first duly sworn says that she is the Mother (Relationship of child)* of Harry Earl Minerd born January 27, 1909 (Date of birth) at Burpert, Idaho, whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Harry Earl Minerd hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mary E. Andrews, ~~M.D.~~ Midwife, was the medical attendant at the birth of said Harry Earl Minerd and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Mary Bertha Minerd
P. O. Address 339 19th St. San Bernardino, Calif.

Subscribed and sworn to before me this 25th day of June, 1940

Notary Public.

NOTARY PUBLIC in and for the County of San Bernardino, State of California.

My Commission Expires June 3, 1942
Residing at ....., ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Sandpoint
No. A165 714 009.314 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 294725
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD WILLIAM MATTHEW JONES

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Oct. 14, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: William Matthew Jones, Sr.	18. Full maiden name: Sybil Jewett Campbell
10. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint, Idaho
11. Color or race: White | 12. Age at last birthday: 33 (years)	20. Color or race: White | 21. Age at last birthday: 37 (years)
13. Birthplace (city or place): Gainsboro, Jackson Co. (State or Country): Tennessee	22. Birthplace (city or place): Richmond (State or Country): Virginia
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed June, 1940

Registrar. Registrar.

AFFIDAVIT OF BIRTH

294725

Full Name of Child	:	WILLIAM MATTHEW JONES
Date of Birth	:	October 14, 1909
Place of Birth	:	Sandpoint, Idaho
Sex of Child	:	Male
Full Name of Father	:	William Matthew Jones, Sr.
Residence at Child's Birth	:	Sandpoint, Idaho
Age at Child's Birth	:	33 yrs. 8 months
Color or Race	:	White
Birthplace	:	Gainsboro, Jackson Co., Tenn. (rural)
Occupation at Child's Birth	:	Carpenter
Full Maiden Name of Mother	:	Sybil Jewett Campbell
Residence at Child's Birth	:	Sandpoint, Idaho
Age at Child's Birth	:	37½ years
Color or Race	:	White
Birthplace	:	Richmond, Virginia
Occupation at Child's Birth	:	Housewife

~~I hereby certify that I am the FATHER~~ of this child, who was born on the date above stated.

William Matthew Jones SR

I hereby certify that I am the MOTHER of this child, who was born on the date above stated.

Sybil J. C. Jones.

SUBSCRIBED and sworn to before me this 26th day of June, 1940, by William Matthew Jones, Sr. and Mrs. Sybil J. C. Jones, at Ocean Park, California.

Lena Hesse

Notary Public in and for the County of
Los Angeles, State of California
My commission expires March 27, 1944

RECEIVED
JUL 5 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

294769

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294769

RECEIVED JUL 8 1940

1. **PLACE OF BIRTH**
County of Bingham
City of Black Foot
No. on Farm St.
944 128 006 563
(If born in hospital or institution give name)

Registration District No. ..... State File No. .....
Prim. Registration District No. 601 Local Registrar's No. .....

2. **FULL NAME OF CHILD** Otto Lewis Rumble

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Oct. 28. 1909 ~~193~~ (Month, Day, Year)

FATHER

9. Full name William Bernard Rumble
10. Residence (usual place of abode) (If non-resident, give place and State) Black Foot Ida.
11. Color or race White | 12. Age at last birthday 22 (years)
13. Birthplace (city or place) Greensboro. (State or Country) Penn.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm.
16. Date (month and year) last engaged in this work Oct 27, 1909.
17. Total time (years) spent in this work 6. Six

MOTHER

18. Full maiden name Sophie Nothdurft
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 17 (years)
22. Birthplace (city or place) Lincoln (State or Country) Nebraska.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home.
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work Two.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
Two
(a) Born alive and now living 2 (b) Born alive but now dead None (c) ~~Stillborn~~ .....

29. ~~If stillborn, period of gestation~~ ..... { months or weeks

30. ~~Cause of Stillbirth~~ ..... { ~~During labor~~ ..... ~~Before labor~~ .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born (Born Alive or ~~Stillborn~~) at 10 P m. on the date above stated.

(Signed) F. D. Mitchell, M. D.
or ....., ~~Midwife~~
Address Black Foot

Filed July 8 1940 Mrs Cleeta E. Fabel
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED
JUL 3 _ 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294825

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 294825

Prim. Registration District No. 140 Local Registrar's No. 109

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. 506 First St.
395 20 1070 168
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ethel Edelia Linn

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth June 1, ~~193~~ 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Samuel N. Linn	18. Full maiden name Anna Edelia Johnson
10. Residence (usual place of abode) (If non-resident, give place and State) Wallace, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Wallace, Idaho
11. Color or race white 12. Age at last birthday 36 (years)	20. Color or race white 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Sweden	22. Birthplace (city or place) (State or Country) Sweden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. "	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work —, 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at 1 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) E. Nurgstad, M. D.

or ....., Midwife

Address 6

Filed June 4, 1940 John A Bower

Registrar.

STATE OF IDAHO

294825

RECEIVED JUN 3 1941

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of .....

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Samuel H. Linn being first duly sworn says that is the Father (Relationship of child)* of Ethel Edelia Linn born June 1 1909 (Date of birth) at Wallace, Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ethel Edelia Linn hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Miss. L. Mogstad, ~~M. D.~~ Midwife, was the medical attendant at the birth of said Ethel Edelia Linn and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Samuel H. Linn

P. O. Address Wallace Idaho.

Subscribed and sworn to before me this 24 day of June, 1941

Elizabeth E. Ward
Notary Public.

Residing at Wallace Idaho., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of SHOSHONE

City of KINGSTON

No. A 859 124 040 619 St.

(If born in hospital or institution give name.)

RECEIVED JUL 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294 827

294827

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD EARL VICTOR HEIM

3. Sex Male

If plural births: 4. Twin, triplet, or other Single; 5. Number, in order of birth 9th

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth March 24, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name JOHN HEIM	18. Full maiden name LENA SUSAN WARMINSKI
10. Residence (usual place of abode) (If non-resident, give place and State) Kingston, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Kingston, Idah
11. Color or race White 12. Age at last birthday 44 (years)	20. Color or race White 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Wadsworth, Ohio	22. Birthplace (city or place) (State or Country) Frankfort, Germany
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction Work	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Building Roads	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work Fall, 1911	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work Four Years	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Eleventh
(a) Born alive and now living 10 (b) Born alive but now dead 4 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed July, 1940

..... Registrar.

..... Registrar.

STATE OF IDAHO

294827

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 13 1940

State of IDAHO
County of SHOSHONE } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

LENA HEIM being first duly sworn says that SHE is the mother (Relationship of child)* of EARL VICTOR HEIM born March 24, 1909 (Date of birth) at Kingston, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said EARL VICTOR HEIM hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Anna Whalen, ~~MXXX~~ was the Midwife medical attendant at the birth of said EARL VICTOR HEIM and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Lena Heim

P. O. Address 1432 Lafayette, Lincoln Park, Michigan

Subscribed and sworn to before me this 8th day of July, 19 40

Notary Public.

Residing at Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Comm Expires Aug 4/1943

231 106-036-381

294845

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294845

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Oneida
City of Malad
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Richard Chamberlain Stagner

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth 8-6, 1909 (Month, Day, Year)

FATHER

9. Full name Arthur Stagner Sr

10. Residence (usual place of abode) Malad Idaho
(If non-resident, give place and State) .....

11. Color or race white 12. Age at last birthday 51 (years)

13. Birthplace (city or place) Farmington Utah
(State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work present, 1909

17. Total time (years) spent in this work 30 years

MOTHER

18. Full maiden name Elizabeth Chamberlain

19. Residence (usual place of abode) Malad Idaho
(If non-resident, give place and State) .....

20. Color or race white 21. Age at last birthday 40 (years)

22. Birthplace (city or place) Salt Lake City Utah
(State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 8 (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) D. C. Ray, M. D.

or ....., Midwife

Address Malad Idaho

Filed Jan, 1936

Give name added from a supplemental report .....
(Date of)

Registrar.

Registrar.

JULY 1940

DELAYED

215 724 001 259

294913

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294913

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD George Abraham Banks

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth February 24, 1909 (Month, Day, Year)

FATHER

9. Full name Arthur Allen Banks

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

11. Color or race White | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Montgomery County Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Common

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Etta Mary Berry

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idah o

20. Color or race White | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Montgomery County Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4:00 am m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) John Boucher, M. D.

or ....., Midwife

Address Boise Ida

Filed Jan, 1936 JULY 1940

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294925

RECEIVED
JUL 22 1940

CERTIFICATE OF BIRTH

Registration District No. Not yet Established State File No. 294925

Prim. Registration District No. Local Registrar's No.

1. PLACE OF BIRTH
County of Freemont
City of Parker, IDAHO
No. 412-204-022-279 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lila Mason

3. Sex: Female

If plural births: 4. Twin, triplet, or other: ONE 5. Number, in order of birth: 2

6. Premature: Full term: ✓

7. Legitimate? yes

8. Date of birth: June 4, 1909 (Month, Day, Year)

FATHER

9. Full name: Norman Harold Mason

10. Residence (usual place of abode) (If non-resident, give place and State): Idaho

11. Color or race: White 12. Age at last birthday: Dead 33 (years)

13. Birthplace (city or place) (State or Country): Morgan County Utah, U.S.A.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Ranch

16. Date (month and year) last engaged in this work: July 1916

17. Total time (years) spent in this work: Died in 1916 24 years ago 20

MOTHER

18. Full maiden name: Julia Iley Springsteed

19. Residence (usual place of abode) (If non-resident, give place and State): Utah + Idaho

20. Color or race: White 21. Age at last birthday: Dead 29 (years)

22. Birthplace (city or place) (State or Country): Bountiful, Utah U.S.A.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home

25. Date (month and year) last engaged in this work: November 1918

26. Total time (years) spent in this work: died 20 years ago 1918

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know

28. Number of children of this mother (At time of this birth and including this child): Three
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 0 months or weeks

30. Cause of Stillbirth 0 Before labor 0 During labor 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. Both Parents + Midwife Deseazeep

(Signed) Fred H. Mason, Uncle ~~M.D.~~, Midwife

Address

Give name added from a supplemental report

(Date of)

Registrar.

Filed July, 1940

Registrar.

STATE OF IDAHO

294925

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of Fremont } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Fred H. Mason being first duly sworn says that he is the Uncle (Relationship of child)* of Lila Mason born June 4, 1909, at Parker Idaho (Date of birth) at Parker, Idaho, and has verified the date from a family Record handed down from her grandfather, whose certificate of birth is hereto attached, and that Lila Mason desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said LILA MASON whose name is James H. Mason, and father of affiant. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that he does not know who was M. D., was the Midwife medical attendant at the birth of said and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Fred H Mason

P. O. Address 251 E. 2rd No. St., St.Anthony Idaho

Subscribed and sworn to before me this 16th day of July, 19 40

Eva V. Stadnes
Notary Public.

Residing at St.Anthony, Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

4269 104012 269

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of

City of Arco, Idaho

No. - St.

(If born in hospital or institution give name.)

RECEIVED JUL 5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294951

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Clyde Irvin Bortel

3. Sex Male

If plural births { 4. Twin, triplet, or other / 5. Number, in order of birth

6. Premature / Full term Yes

7. Legitimate? Yes

8. Date of birth 1/4/1909 193 (Month, Day, Year)

FATHER

9. Full name William Henry Bortel, Jr.

10. Residence (usual place of abode) (If non-resident, give place and State) Clyde

11. Color or race White | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Glendale, Montana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own General Mercantile Store

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work approx. 1

MOTHER

18. Full maiden name Frances Annie Bortel

19. Residence (usual place of abode) (If non-resident, give place and State) Clyde

20. Color or race White | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Cubbington, England

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation { months or weeks

30. Cause of stillbirth { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) , M. D.

or , Midwife

Address

Filed July 5, 1940

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

794951

RECEIVED

JUL 5 1940

State of Idaho
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edith M. Bellamy being first duly sworn says that she is the Aunt (Relationship of child)* of Clyde Irvin Bortel

born January 4, 1909 (Date of birth) at Clyde, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Clyde Irvin Bortel hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Stevens M. D. was the ~~Midwife~~ medical attendant at the birth of said Clyde Irvin Bortel and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Edith M. Bellamy

P. O. Address #6 Fargo Apartments, Pocatello, Idaho

Subscribed and sworn to before me this 27th day of June, 1940

Edward G. Houde
Notary Public.

Commission Expires Feb. 26th 1943.

Residing at Pocatello, Idaho.
Bannock County.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

251709-029493

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED

JUL 22 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 294965

Registration District No. 200 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. 1158

2. FULL NAME OF CHILD Francis Beaulieu

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Feb. 9, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Leo Beaulieu	18. Full maiden name: Florence Miller
10. Residence (usual place of abode) (If non-resident, give place and State): Moscow, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Moscow, Idaho
11. Color or race: White | 12. Age at last birthday: 29 (years)	20. Color or race: White | 21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Blackhawk County, Iowa	22. Birthplace (city or place) (State or Country): Iowa City, Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Univ. of Idaho	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: Feb. 9, 1909	25. Date (month and year) last engaged in this work: Present, 19
17. Total time (years) spent in this work: 5	26. Total time (years) spent in this work: 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) W. H. Carithers (now deceased), M. D.

or ....., Midwife

Address .....

Filed July 19, 1940 Hans Eichenwald Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RE[illegible]

JUL 22 1940

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

L.V. Beaulieu (Leo Beaulieu) being first duly sworn says that he is the father (Relationship of child)* of Francis Beaulieu

born February 9th 1909 (Date of birth) at Moscow, Idaho, Idaho,

whose certificate of birth is hereto attached, and that affiant desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Francis Beaulieu

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that W. H. Carithers (now deceased), M. D., was the Midwife medical attendant at the birth of said Francis Beaulieu and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant L. V. Beaulieu (Leo Beaulieu)

P. O. Address 2024 W. 6th St. Los Angeles, Calif.

Subscribed and sworn to before me this 17th day of July, 19 40

Ann Graves
Notary Public.

My commission expires March 29, 1944

~~XXXX~~ Residing at, ~~XX~~ Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

V32-101-001-261

296128

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296128

RECEIVED JUL 26 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1720 Washington St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Harold Raymond McBisney

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? yes

8. Date of birth Nov 1, 1909 (Month, Day, Year)

FATHER

9. Full name Herman C. McBisney

10. Residence (usual place of abode) (If non-resident, give place and State) 1720 Washington Boise Idaho

11. Color or race White | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mabel Swank

19. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol 1/1000 sol

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 5.0 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) John Brick, M. D.

or ....., Midwife

Address Boise Ida

Filed July 26, 1940 Mae G. Stewart Registrar.

Bureau of Vital Statistics

(over)

The original certificate is filed in the County Court House.
No1 366.

MAY 1 1 1953

735-228-728-735

1. PLACE OF BIRTH — NAME CHANGED BY COURT ORDER 1/23/48

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Kootenai

City of Coeur d'Alene

No. 1045 Fourth St.

(If born in hospital or institution give name.)

AMENDED CERTIFICATE OF BIRTH

January 23, 1948
Registration District No. ..... State File No. 296144

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dee S. Gleed

3. Sex Female — If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Dec. 28, 19~~31~~1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Herman Robert Salscheider	18. Full maiden name: Grace Gleed
10. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene	19. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene
11. Color or race: White | 12. Age at last birthday: 33 (years)	20. Color or race: White | 21. Age at last birthday: 20 (years)
13. Birthplace (city or place): Dunn County (State or Country): Wisconsin	22. Birthplace (city or place): Appleton (State or Country): Wisconsin
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mill Supt.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: December, 19 08	25. Date (month and year) last engaged in this work: December, 19 08
17. Total time (years) spent in this work: 15	26. Total time (years) spent in this work: 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Mrs. John A. Hanson, M. D.
or Aunt, Midwife
Address 207 W. 17th, Spokane, Wash.

Filed July 22, 19~~31~~1940 Mae G. Atwood Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

296144

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296144

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of KOOTENAI
City of COEUR D'ALENE
No. 1045 FOURTH St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD DELIA GLEED SALSCHEIDER

3. Sex F

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? YES

8. Date of birth DEC. 28, 1908 (Month, Day, Year)

FATHER	MOTHER
9. Full name HERMAN ROBERT SALSCHEIDER	18. Full maiden name GRACE GLEED
10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene	19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene
11. Color or race White 12. Age at last birthday 33 (years)	20. Color or race White 21. Age at last birthday 20 (years)
13. Birthplace (city or place) DUNN COUNTY (State or country) Wisconsin	22. Birthplace (city or place) Appleton, (State or country) Wisconsin
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Mill Supt.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work December, 1908 — 17. Total time (years) spent in this work 15	25. Date (month and year) last engaged in this work December, 1908 — 26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 9pm. on the date above stated. (Born Alive or Stillborn)

(Signed) Mrs John A Hanson M.D.

or Aunt. Midwife

Address 207 W 17th Spokane Wn

Filed July 22, 1940 Mae G Attwood Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ~~Kootenai, Idaho~~ Wash.
County of Spokane } ss.

Certificate No. 296144

Date Filed Jan. 15, 1948

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Delia Gleed Salscheider (Name on Original Certificate) who was born (Was Born or Died) on Dec. 28, 1909 (Date of Event)
in Coeurd Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on ? (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	Dec 28, 1908	Dec 28, 1909
Change of name to Dee S. Gleed		

Subscribed and sworn to before me this 21 day of January, 1948.
Lauel Donahue
Notary Public, residing at Spokane
My commission expires Jan 31-49
(Seal)

Signed Mrs Delia Gleed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1203 West 13th Ave. Spokane, Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash
County of Spokane } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of January, 1948
Lauel Donahue
Notary Public, residing at Spokane Wash.
My commission expires Jan 31-49
(Seal)

Signed Lauel Hanson
(Signature of Any Credible Person)
1203 West 13th Ave. Spokane, Wn
(Street Address, City, State)

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of WASHINGTON
County of SPOKANE } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MRS. JOHN A. HANSON being first duly sworn says that she is the aunt (Relationship of child)* of Delia Gleed Salscheider born December 28, 1908 (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said niece, Delia Gleed Salscheider, hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J.H. Shepperd, M. D., was the Midwife medical attendant at the birth of said niece, Delia Gleed Salscheider, and that the said medical attendant is unable to be located. (Now deceased (or) cannot be located)

Name of Affiant Mrs John A. Hanson

P. O. Address 207 W 17th Spokane, Wn

Subscribed and sworn to before me this 25th day of July, 1940

C. A. McCabe
Notary Public.

Residing at Spokane, Wash., ~~Idaho.~~ Wash.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

Return #

IN THE DISTRICT COURT OF THE EIGHTH JUDICIAL DISTRICT OF THE STATE OF MONTANA, IN AND FOR THE COUNTY OF CASCADE.

****

IN THE MATTER OF THE APPLICATION OF DELIA GLEED SALSCHEIDER, FOR PERMISSION TO LEGALLY CHANGE HER NAME FROM THE ABOVE TO DEE S. GLEED.	ORDER

****

The application of Delia Gleed Salsheider praying for an Order changing her name to Dee S. Gleed, in place of her present name, came regularly on to be heard this 14th day of June, 1947 and the applicant having appeared in person and with her counsel, Howard T. Manion and proof having been made to the satisfaction of this Court that notice of hearing hereon was given in the manner and form required by law and order of this Court, and no objections having been filed by any person, and the Court being satisfied that there is no reasonable objection to petitioner assuming the name proposed, to wit: Dee S. Gleed, and due deliberation having been had thereon,

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the petitioner's name of Delia Gleed Salsheider be, and the same is hereby, changed to Dee S. Gleed.

DATED this 14th day of June, 1947.

H. H. EWING
JUDGE OF THE DISTRICT COURT

STATE OF MONTANA, }
County of Cascade. } ss.

I hereby certify that the instrument to which this certificate is affixed is a true, correct and compared copy of the original on file in the office of the Clerk of the District Court.

Witness my hand and the seal of the District Court of Cascade County this 14th day of June 1947

AGNES SCHRAPPS,
Clerk of Court,
Cascade County, Montana

By H. J. Oswalder
Deputy Clerk.

157-026-003-845

296161

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296161

JUL 24 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bannock
City of Bancroft
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Thelma Jeppesen

3. Sex Female

If plural births: ~~4. Twin, triplet, or other~~ ..... 5. Number, in order of birth 8

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth June 26, 1909 (Month, Day, Year)

FATHER

9. Full name Jacob Frederick Jeppesen

10. Residence (usual place of abode) (If non-resident, give place and State) Bancroft

11. Color or race White 12. Age at last birthday 45 (years)

13. Birthplace (city or place) (State or Country) Odense Denmark

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer, bookkeeper, etc.~~ carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. housebuilding

16. Date (month and year) last engaged in this work June 26, 1909

17. Total time (years) spent in this work 23

MOTHER

18. Full maiden name Mary Ann Hansen

19. Residence (usual place of abode) (If non-resident, give place and State) Bancroft

20. Color or race White 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or Country) Logan, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work June 26, 1909

26. Total time (years) spent in this work 16

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother eight (At time of this birth and including this child)
(a) Born alive and now living 8 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) X Mary Ann Jeppesen ~~M. D.~~
or Mother, ~~Midwife~~

Address ~~JUL 24 1940~~ 904 Oak St

Filed July 24, 1940 Mae G. Atwood
Registrar
Bureau of Vital Statistics

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

JUL 24 1940

State of Idaho
County of Bonner } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Ann Jeppesen being first duly sworn says that she is the mother of Thelma Jeppesen
(Relationship of child)*

born June 26th 1909 at Bancroft, Bannock Co, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Thelma Jeppesen desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Thelma Jeppesen hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Alice Ashton ~~M. D.~~ was the Midwife medical attendant at the birth of said Thelma Jeppesen and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant X Mary Ann Jeppesen
P. O. Address Sandpoint

Subscribed and sworn to before me this 8th day of July, 1939

Arthur T. Bowden
Notary Public.

Residing at Sandpoint, Idaho.

My Comm expires Oct 6-1940

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

215-1981010-745

RECEIVED JUL 31 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296171

29617

Registration District No. 610 State File No.

Prim. Registration District No. Local Registrar's No.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls, Idaho
No. 210 Elm St. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stanley B. Sandstrom

3. Sex Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term Yes

7. Legitimate? Yes

8. Date of birth February 8 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Carl Emil Sandstrom	18. Full maiden name Mary Carolina Gunnerson
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, Ida.
11. Color or race White	20. Color or race White
12. Age at last birthday 41 (years)	21. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or Country) Dallerna, Sweden.	22. Birthplace (city or place) (State or Country) Halmstad, Sweden.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building contractor	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Building	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work Feb. 8, 1909	25. Date (month and year) last engaged in this work , 19
17. Total time (years) spent in this work 16	26. Total time (years) spent in this work 16

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report (Date of)

Registrar.

(Signed) C. J. Timmins, M. D.

or , Midwife

Address Idaho Falls, Idaho

Filed July 26, 1940 C. J. Timmins Registrar

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

692-108'035-258

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296219

JUL 31 1940

Registration District No. ..... State File No. 296219

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of ~~Clearwater~~ Nezperce

City of Orofino

No. Ford's Creek Precinct St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Bert Fisk

3. Sex M

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Nov. 8, 1909 (Month, Day, Year)

FATHER

9. Full name Dell Fisk

10. Residence (usual place of abode) (If non-resident, give place and State) Orofino, Ida.

11. Color or race White | 12. Age at last birthday 39 (years)

13. Birthplace (city or place) Rochester (State or Country) Vermont

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work October, 1909

17. Total time (years) spent in this work 18

MOTHER

18. Full maiden name Hulda Jane Snyder

19. Residence (usual place of abode) (If non-resident, give place and State) Orofino, Ida.

20. Color or race White | 21. Age at last birthday 36 (years)

22. Birthplace (city or place) Harmon (State or Country) West Virginia

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work October, 1909

26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 4 A. m. on ~~the~~ date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Dell Fisk Father, M.D.

or ....., Midwife

Address Orofino, Idaho

Filed ....., 193.. Mae G. Atwood Registrar.

JUL 31 1940

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH—
BUREAU OF VITAL STATISTICS

State of Idaho
County of Clearwater } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Dell Fisk being first duly sworn says that he is the Father (Relationship of child)* of Bert Fisk born November 8, 1909 (Date of birth) at Orofino, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**, and affiant further states that the facts contained in the certificate of birth of the said Bert Fisk hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no ~~M. D. was the Midwife~~ medical attendant at the birth of said Bert Fisk ~~and that the said medical attendant is~~
(Now deceased (or) cannot be located)

Name of Affiant Dell Fisk
P. O. Address Orofino Idaho

Subscribed and sworn to before me this 29 day of [illegible], 19 40

Joseph Huffman Clerk
Notary Public.
Residing at Ross DeFatty, Idaho.
Clearwater County, Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

154-225-010-216

296254

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Ucon, Idaho
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED AUG -2 1940

Registration District No. ..... State File No. 296254
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Beulah Leona Andrus

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature: no Full term: yes
7. Legitimate? yes
8. Date of birth: August 25 1909 (Month, Day, Year)

FATHER

9. Full name: Robert Andrus
10. Residence (usual place of abode) (If non-resident, give place and State): Ucon, Idaho
11. Color or race: white
12. Age at last birthday: 36 (years)
13. Birthplace (city or place) (State or Country): Draper, Utah, Salt Lake County
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer & stockman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work: until time of death June 8, 1936
17. Total time (years) spent in this work: 62

MOTHER

18. Full maiden name: Lovenia Evelyn Bowden
19. Residence (usual place of abode) (If non-resident, give place and State): Ucon, Idaho
20. Color or race: white
21. Age at last birthday: 37 (years)
22. Birthplace (city or place) (State or Country): Mill Creek, Utah, Salt Lake County
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work: still engaged
26. Total time (years) spent in this work: lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol and Boric Acid.

28. Number of children of this mother 11 (At time of this birth and including this child) 8
(a) Born alive and now living 9 (b) Born alive but now dead 2 (c) Stillborn None

29. If stillborn, period of gestation ✓ months or weeks
30. Cause of Stillbirth ✓ Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9:30 p.m. Tuesday nite. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Lovenia E. Bowden Andrus mother of child
or ....., Midwife
Address Ucon, Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed ....., 193.. Mae G. Atwood Registrar.
AUG -2 1940 Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED JUL 28 1940

State of Idaho
County of Bonneville } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lovenia E. Andrus being first duly sworn says that she is the mother (Relationship of child)* of Beulah Leona Andrus born August 25, 1909 (Date of birth) at Ucon, Bonneville County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Beulah Leona Andrus hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Josephine Andrus Thompson, ~~M.D.~~, was the Midwife medical attendant at the birth of said Beulah Leona Andrus and that the said medical attendant is dead (Now deceased (or) cannot be located)

Name of Affiant Lovenia E. Andrus
P. O. Address Ucon Idaho.

Subscribed and sworn to before me this 26th day of July, 1940

Ella Mu
Notary Public.

my Commission Expires July 6-1944

Residing at Idaho Falls, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each in order of birth stated.

269 116-225-249

1. PLACE OF BIRTH

County of Idaho

City of Harpster

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED AUG -2 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296362

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William Arthur Sorweide

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Apr. 16, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: William Albert Sorweide	18. Full maiden name: Nettie Mae Surridge
10. Residence (usual place of abode) (If non-resident, give place and State): Harpster, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Harpster, Ida.
11. Color or race: White 12. Age at last birthday: 30 (years)	20. Color or race: White 21. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or Country): Illinois or Iowa U.S.A	22. Birthplace (city or place) (State or Country): Grass Valley California
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: farming	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home
16. Date (month and year) last engaged in this work: Apr., 1909	25. Date (month and year) last engaged in this work: April. 1909
17. Total time (years) spent in this work: 15 yr.	26. Total time (years) spent in this work: 18 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: three (At time of this birth and including this child) (a) Born alive and now living: 3 (b) Born alive but now dead: 0 (c) Stillborn: 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 5 A.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) W. Wal Sorweide, ~~M.D.~~

or mother ~~Midwife~~

Address R. 5 Box 103 Seattle, Wash.

Filed AUG -2 1940 193 Mae G. Atwood Registrar

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

N. Mae Sorweide being first duly sworn says that she is the mother (Relationship of child)* of William Arthur Sorweide born April 16, 1909 (Date of birth) at Harpster, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said William Arthur Sorweide hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Julia Surridge, ~~M. D.~~ Midwife, was the medical attendant at the birth of said William Arthur Sorweide and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant N. Mae Sorweide
P. O. Address R 7 W 5, Box 23, Seattle, Wash.

Subscribed and sworn to before me this 31st day of July, 1940

E M Cochlan
Notary Public.

Residing at Renton, Wash ~~, Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 369-18-8343 PLACE OF BIRTH
County of Bannock
City of Grace
No. ..... St.
Idaho
(If born in hospital or institution give name)

RECEIVED
AUG - 8 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296290
206200

Registration District No. 511 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 40

2. FULL NAME OF CHILD Theodore Roosevelt Lord

3. Sex M
If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth June 1, 1909 (Month, Day, Year)

FATHER

9. Full name Richard Elg Lord
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race W | 12. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or Country) Northfield Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Ida May Butler
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race W | 21. Age at last birthday ..... (years)
22. Birthplace (city or place) (State or Country) Boston, Ill.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 11 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 3 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ellis Kackley Ellis Kackley, M. D.
or ....., Midwife
Address Soda Springs, Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed June 30, 1940 Mrs. J. G. Fitz Registrar.

795-805-815-815

RECEIVED

AUG -5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296327

CERTIFICATE OF BIRTH

296327

1. PLACE OF BIRTH
County of Idaho
City of Grangeville
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Warren Lincoln Green

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Feb 15, 1909 (Month, Day, Year)

FATHER

9. Full name Grant Augustus Green
10. Residence (usual place of abode) (If non-resident, give place and State) Grangeville
11. Color or race White | 12. Age at last birthday 36 (years)
13. Birthplace (city or place) Lapeer (State or Country) Michigan

MOTHER

18. Full maiden name Marie Louise Hancock
19. Residence (usual place of abode) (If non-resident, give place and State) Grangeville
20. Color or race White | 21. Age at last birthday ..... (years)
22. Birthplace (city or place) Tilsonburg (State or Country) Canada

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work Feb 15, 1909 | 17. Total time (years) spent in this work 11

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks | 30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed AUG -5 1940, 193.... Mae G. Atwood
Registrar.

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Idaho } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Marie Louise Green being first duly sworn says that she is the mother of Warren Lincoln Green
(Relationship of child)*

born Feb. 15, 1909 at Grangeville, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Warren Lincoln Green hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that G. S. Stockton M. D. was the Midwife medical attendant at the birth of said Warren Lincoln Green and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Marie Louise Green
P. O. Address Grangeville, Idaho

Subscribed and sworn to before me this ..... day of ....., 19.....

Joanning
Notary Public.
Residing at Grangeville, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

695-113-028-964

RECEIVED
AUG -5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296335

296335

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Sandpoint
No. in country St.
State of Idaho
(If born in hospital or institution give name)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD HAROLD VERNON FIELD

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Feb. 13, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name George Vernon Field	18. Full maiden name Blanche Amanda Roden
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 21 (years)	20. Color or race White | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Harper, Kansas	22. Birthplace (city or place) (State or Country) Welch, Washington
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Woods	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work Feb. 12, 1909	25. Date (month and year) last engaged in this work Feb. 12, 1909
17. Total time (years) spent in this work 6 yrs.	26. Total time (years) spent in this work 2 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) Blanche Amanda Roden Field ~~Mrs~~ Mother of said Child.

or ....., Midwife

Address 861 East I Street, Ontario, Cal.

Filed AUG -5 1940 Mae D. Atwood Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of San Bernardino } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Blanche Amanda Roden Field being first duly sworn says that she is the mother (Relationship of child)* of Harold Vernon Field born February 13th, 1909 (Date of birth) at Sandpoint, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Harold Vernon Field hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Mary Summers was the attending ~~XXXXXXXX~~ Midwife ~~XXXXXX~~ attendant at the birth of said Harold Vernon Field and that the said ~~XXXXX~~ attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Blanche Amanda Roden Field.
P. O. Address 861 East I Street, Ontario, California.

Subscribed and sworn to before me this 2nd day of August, 19 40

C. E. Crowley
Notary Public.
Residing at Ontario, California. ~~XXXXX~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

United States
Department of Commerce
Bureau of the Census
595-113-014-641 AUG 7 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 296366
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Greenleaf
(c) Street Address or R F.D No. ✓
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ✓ days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Greenleaf
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Greenleaf, Ida.

3. **RESIDENCE OF FATHER** (city, state) " "

4. **FULL NAME OF CHILD** Paul Frederic Jacob Ernst

5. Date of Birth (Month, day, year) July 13, 1909

6. Sex. Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** George Martin Ernst
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Genessee (City or town) Ill (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Hermine Carolina Frahm
17. Color or Race White
18. Age at time of THIS birth 35 years
19. Birthplace Altona (City or town), Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 7, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marie H. Ernst, being first duly sworn, say that I am mother (Related to (or) acquainted with) Paul Frederic Jacob Ernst (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Young (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Marie H. Ernst ..... Name
1573 Blaine St. Caldwell Ida ..... P. O. Address

Subscribed and sworn to before me on this 6th day of August, 1940

(SEAL) Agnes Dunn ..... Notary Public, residing at Boise, Ida.

Bureau of Vital Statistics

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A 863 47-640-381

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED AUG -7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296371

Registration District No. ..... State File No. 296374

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Daniel Myron Hollar

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature yes Full term .....

7. Legitimate? yes

8. Date of birth 1-17-1909 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Charlie Lorn Hollar	18. Full maiden name: Isobel Bertha Thayer
10. Residence (usual place of abode) (If non-resident, give place and State): Mullan	19. Residence (usual place of abode) (If non-resident, give place and State): Mullan
11. Color or race: white | 12. Age at last birthday: 31 (years)	20. Color or race: white | 21. Age at last birthday: 30 (years)
13. Birthplace (city or place) (State or Country): Crawfordsville Ind.	22. Birthplace (city or place) (State or Country): Tacoma, Wash.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Mine	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work: 1-17, 1909	25. Date (month and year) last engaged in this work: 1-17, 1909
17. Total time (years) spent in this work: 5	26. Total time (years) spent in this work: 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? do not know

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed AUG -7 1940, 193 Mae G. Atwood
Registrar.

Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

(Mrs.) Isobel B. Hollar being first duly sworn says that she is the mother (Relationship of child)* of Daniel Myron Hollar born January 17, 1909 (Date of birth) at Mullan, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Daniel Myron Hollar hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Rolph, M. D., was the ~~midwife~~ medical attendant at the birth of said Daniel Myron Hollar and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant (Mrs) Isobel B Hollar

P. O. Address 4353½ E 55 St. Maywood Calif.

Subscribed and sworn to before me this 6th day of August, 19 40

E. V. Rizzuto
NOTARY PUBLIC in and for the County of Los Angeles, State of California
Notary Public.

Residing at My Commission Expires June 5, 1941, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

385-127100/-25 Nursing at court House - baby unnamed 296376

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 101 Jefferson St.

(If born in hospital or institution give name.)

RECEIVED AUG -8 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 296376

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD John Pearce Tyer

3. Sex M

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term yes

7. Legitimate? yes

8. Date of birth Oct 27, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Willert H. Tyer	18. Full maiden name Norma J Pearce
10. Residence (usual place of abode) (If non-resident, give place and State) Boise	19. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race W | 12. Age at last birthday 38 (years)	20. Color or race W | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Iowa	22. Birthplace (city or place) (State or Country) Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. atty -	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. State mgr Modern Woodmen	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work To date, 19 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work To date, 19 | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver nitrate

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 7 a. m. about 10 o'clock. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Busch, M. D.

or _____, Midwife

Address Boise Idaho

Give name added from a supplemental report _____ (Date of)

Registrar.

Filed _____ 193 Mae G. Atwood Registrar.

AUG -8 1940 Bureau of Vital Statistics

A546 122025455

RECEIVED AUG -9 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296405

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Idaho
City of Westlake
No. none St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Steiner, Harley Edward

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan. 22, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: David Edward Steiner	18. Full maiden name: Goldie Edith Denham
10. Residence (usual place of abode) (If non-resident, give place and State): Westlake, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Westlake, Idaho
11. Color or race: White | 12. Age at last birthday: 21 (years)	20. Color or race: White | 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or Country): Stockton Mo,	22. Birthplace (city or place) (State or Country): Joplin, Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: Jan 22, 1909 | 17. Total time (years) spent in this work: 3	25. Date (month and year) last engaged in this work: Jan 22, 1909 | 26. Total time (years) spent in this work: 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living One (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed AUG -9 1940, 193.....

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Idaho } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

David Edward Steiner being first duly sworn says that he is the Father (Relationship of child)* of Harley Edward Steiner born January 22, 1909 (Date of birth) at Westlake, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said H arley Edward Steiner hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr, H.B.Blake, M. D., was the ~~Midwife~~ medical attendant at the birth of said Harley E.Steiner and that the said medical attendant is ~~Now Deceased~~ (Now deceased (or) cannot be located)

Name of Affiant W.E.Steiner

P. O. Address Stites, Idaho.

Subscribed and sworn to before me this 7, day of August, 19 40

W. L. Rothwell
Notary Public.

Residing at Grangeville, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

259-105 023-275

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

(If born in hospital or institution give name)

RECEIVED AUG - 9 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296408

296408

Registration District No. 341 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Philip Brooks Knight.

3. Sex Male

If plural births: 4. ~~Twin, triplet~~, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Jan 5, 1909 (Month, Day, Year)

FATHER

9. Full name Lloyd Garrison Knight

10. Residence (usual place of abode) (If non-resident, give place and State) Emmett, Idaho

11. Color or race White | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Sheboygan, Wis.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. House Constructing

16. Date (month and year) last engaged in this work Nov., 1912

17. Total time (years) spent in this work 4 years

MOTHER

18. Full maiden name Minnie Harriette Bremer

19. Residence (usual place of abode) (If non-resident, give place and State) Emmett, Idaho

20. Color or race White | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Clear Lake, S. Dakota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home.

25. Date (month and year) last engaged in this work still at it (1940)

26. Total time (years) spent in this work many years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 15 o/o argyrol.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 9:45 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) J. R. Reynolds, M. D.

or ....., Midwife

Address Emmett Idaho

Filed 8/8, 1940 J. R. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Teton A863123041733
City of Victor
No. ..... St.
(If born in hospital or institution give name.)

AUG - 9 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296419

Registration District No. ..... State File No. 296419
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Carlyle Joseph Hollingshead

3. Sex Male | If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Dec 23, 1909 (Month, Day, Year)

FATHER

9. Full name Joseph Hollingshead
10. Residence (usual place of abode) (If non-resident, give place and State) Victor Idaho
11. Color or race White | 12. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) Parowan Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19 16 | 17. Total time (years) spent in this work 15yr

MOTHER

18. Full maiden name Annie L. Allen
19. Residence (usual place of abode) (If non-resident, give place and State) Victor Idaho
20. Color or race White | 21. Age at last birthday 31 (years)
22. Birthplace (city or place) (State or Country) Parowan Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work At present, 19 ..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Annie L Hollingshead, M.D.
or Mother, Midwife
Address Box 553, Jerome, Arizona

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed AUG - 9 1940, 193 ..... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Arizona
County of Yavapai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Annie L. Hollingshead being first duly sworn says that she is the mother (Relationship of child)* of Carlyle Joseph Hollingshead born December 23, 1909 (Date of birth) at Victor, Teton County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Carlyle Joseph Hollingshead hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Elizabeth Curtis, ~~M. D.~~ XXX, was the Midwife medical attendant at the birth of said Carlyle Joseph Hollingshead and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Annie L Hollingshead

P. O. Address P O Box 553, Jerome, Arizona

Subscribed and sworn to before me this 6th day of August, 19 40

N D Hy Cox
Notary Public.

My Commission Expires Jan. 1, 1944

Residing at Jerome, Arizona., ~~Idaho~~ XXX

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

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296425

296425

RECEIVED

AUG 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

PLACE OF BIRTH
1. City or town: Boise
County: Alpha
St.: Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD: Delbert Asiel Herrick

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term: yes

7. Legitimate? yes

8. Date of birth: 10/6/ 1909, 193.... (Month, Day, Year)

FATHER	MOTHER
9. Full name: Urbain Edson Herrick	18. Full maiden name: Jessie Caroline Hamaker
10. Residence (usual place of abode) (If non-resident, give place and State): Alpha	19. Residence (usual place of abode) (If non-resident, give place and State): Alpha
11. Color or race: White 12. Age at last birthday: 35 (years)	20. Color or race: White 21. Age at last birthday: 25 (years)
13. Birthplace (city or place): Exira (State or Country): Iowa	22. Birthplace (city or place): Ironton (State or Country): Ohio
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Forest Ranger	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Forest Reserve	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: School
16. Date (month and year) last engaged in this work: now, 19....	17. Total time (years) spent in this work: 1½ years
25. Date (month and year) last engaged in this work: 9/1/04, 19....	26. Total time (years) spent in this work: 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): Three
(a) Born alive and now living: 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Urbain E. Herrick, M.D.

or ..... Father ....., Midwife

Address Alpha, Idaho

Filed Aug, 1940

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, must be given.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 10 1940

State of Idaho
County of Valley } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Urbain Edson Herrick being first duly sworn says that is the Father (Relationship of child)* of Delbert Asiel Herrick born October 6, 1909 (Date of birth) at Alpha, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Delbert Asiel Herrick hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Oritha Thayer, ~~XXX~~ was the Midwife medical attendant at the birth of said Delbert Asiel Herrick and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant Urbain E. Herrick

P. O. Address Route No. 1, Newberg, Oregon

Subscribed and sworn to before me this 8th day of August, 19 40

Teresa E. Foss
~~Notary Public~~
Clerk of the District Court
Residing at ~~Cascade~~, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

294121 001-491

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 296434
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F.D No. 4
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise.
(d) ~~Street Address or~~ R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address R.R # 4

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho.

4. **FULL NAME OF CHILD** Marvin Anthony Bruno.

5. Date of Birth (Month, day, year) March 21, 1909

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Dan Bruno
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Hamburg (City or town) Iowa. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Louisa Draper
17. Color or Race White
18. Age at time of THIS birth 39 years
19. Birthplace Moroni (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5 (c) Born alive and now dead 4 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 10: P.M. on the date and at the place stated above, and that personal particulars were furnished by ~~Fannie~~ (First name) ~~Bruno~~ (Last name), who is related to this child as ~~Mother~~ (Mother, etc.)

26. (a) ....(Date received) (b) ....(Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fannie Louisa Bruno, being first duly sworn, say that I am ~~mother of~~ related to (Related to (or) acquainted with) Marvin Anthony Bruno (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Breton (Name of attendant at birth), who attended said birth ~~is~~ deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Fannie Louisa Bruno ....Name
Route # 6 ....P. O. Address

Subscribed and sworn to before me on this 9th day of August

(SEAL) Fred Martin, Jr. ....Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769227029214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 296484
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 23 years 6 months 11 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Orofino
3. **RESIDENCE OF FATHER** (city, state) Orofino, Idaho

4. **FULL NAME OF CHILD** Muriel Dorothy Portfors
5. Date of Birth (Month, day, year) Dec. 27-1909
6. Sex Girl
7. Twin or Triplet One If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles O. Portfors
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Nasa (City or town) Finland (State or foreign country)
14. Exact Occupation Owner
15. Industry or Business Garage

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nina May Saunders
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Glenwood, Minn (City or town) USA (State or foreign country)
20. Exact Occupation No Employment Specific
21. Industry or Business House Keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3:10 A.M. on the date and at the place stated above, and that personal particulars were furnished by [redacted] (First name) (Last name), who is related to this child as [redacted] (Mother, etc.).

26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** C O Portfors M.D. or [redacted] (D.O., Midwife, etc.)
and address Orofino Idaho Date [redacted]

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles O Portfors, being first duly sworn say that I am the Father (Related to (or) acquainted with) Muriel Dorothy Portfors (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. M. Olson (Name of attendant at birth), who attended said birth Can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles O Portfors ..... Name
Orofino, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 12 day of August 1940

(SEAL) [signature] Notary Public, residing at Orofino Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A445 121 040 849

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 3.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Wallace

No. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296502

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Stuart Leland Dunkle

3. Sex Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term

7. Legitimate? Yes

8. Date of birth March 21, 193 1909 (Month, Day, Year)

9. Full name	FATHER	18. Full maiden name	MOTHER
	Clarence Cyrus Dunkle		Edna Quinn
10. Residence (usual place of abode) (If non-resident, give place and State)	Wallace, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State)	Wallace, Ida.
11. Color or race	W	20. Color or race	W
12. Age at last birthday	24 (years)	21. Age at last birthday	19 (years)
13. Birthplace (city or place)	Warren	22. Birthplace (city or place)	Corydon, Warren County,
(State or Country)	Warren County, Pennsylvania	(State or Country)	Pennsylvania
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Electrician	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Dealer, Mines	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work	, 19	25. Date (month and year) last engaged in this work	, 19
17. Total time (years) spent in this work		26. Total time (years) spent in this work	

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) , M. D.

or , Midwife

Address

Give name added from a supplemental report (Date of)

Registrar.

Filed Aug. 14, 1940

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Shoshone } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Clarence Cyrus Dunkle being first duly sworn says that He is the Father (Relationship of child)* of Stuart Leland Dunkle born March 31st, 1909 (Date of birth) at Wallace, Idaho, whose certificate of birth is hereto attached, and that Stuart Leland Dunkle desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Stuart Leland Dunkle Payette, Idaho hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Hummel, Wallace, Idaho, Deceased, Midwife M. D., was the Midwife medical attendant at the birth of said Dr. Chas. Sears, M.D. Address at that time Wallace, Id and that the said medical attendant is Present address unknown.
(Now deceased (or) cannot be located)

Name of Affiant Clarence Cyrus Dunkle
P. O. Address Route #1 Kellogg Ida.

Subscribed and sworn to before me this 12th day of August, 1940

W. J. Morbeck
Notary Public.
Residing at Kingston, Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

168720 025 855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 16 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 296556
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Cottonwood
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 3 years 4 months 10 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Cottonwood, Ida.

3. **RESIDENCE OF FATHER** (city, state) " "

4. **FULL NAME OF CHILD** Leonard Dow Johnson

5. Date of Birth (Month, day, year) 9-20-09

6. Sex. M.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Lake Johnson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mathel Christell Henry
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace Sioux Falls (City or town) S.D. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 16 1940 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mathel H. Johnson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leonard Dow Johnson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Shinnick (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mathel H. Johnson — Name

8725 2nd Ave. NW, Seattle Wn. — P. O. Address

Subscribed and sworn to before me on this 14 day of August, 1940

(SEAL) L L Olsen Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-128014-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 296569
Local Reg. No.
Reg. Dist. No.

AUG 15 1940

1. PLACE OF BIRTH:
(a) County Canyon (b) City R.D. Parma
(c) Street Address or R F.D No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 36 yrs.
(f) Mother's mailing address R #2 Parma Idaho
3. RESIDENCE OF FATHER (city, state) Parma Ida

4. FULL NAME OF CHILD Elmer Edgar Hamilton
5. Date of Birth (Month, day, year) Nov 28 1909
6. Sex.
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Term
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elmer Robert Hamilton
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lenora Bates
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Calf. (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Dr. dead (born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as ..... (Mother, etc.)

26. (a) Jan 7-1942 (Date received) (b) Maud Helder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature M.D. Dead M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lenora Hamilton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elmer Edgar Hamilton (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Allen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lenora Hamilton — Name
Parma Ida — P. O. Address

Subscribed and sworn to before me on this 4 day of August

(SEAL) ..... Notary Public, residing at Parma

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A438 214 003 819

AUG 16 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296599

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Francis McQuade

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth April 14, 1909 (Month, Day, Year)

FATHER

9. Full name Michael Joseph McQuade

10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello

11. Color or race White | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Stratford, Ontario, Canada

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U. P. Railway

16. Date (month and year) last engaged in this work April 14, 1909

17. Total time (years) spent in this work 16 yrs.

MOTHER

18. Full maiden name Mary Ellen Farnan

19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello

20. Color or race White | 21. Age at last birthday 18 (years)

22. Birthplace (city or place) (State or Country) Williams, Montana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work April 14, 1909

26. Total time (years) spent in this work One yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argerol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living One (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 7:15 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ..... MXXX

or Mary Ellen McQuade Williams MXXX

Address Mother, Kemmerer, Wyoming

Filed Aug, 1940

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Wyoming
County of Lincoln } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Ellen Williamson being first duly sworn says that she is the mother (Relationship of child)* of John Francis McQuade born April 14, 1909 (Date of birth) at Pocatello, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Francis McQuade hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Howard A. Castle, M. D., was the ~~Midwife~~ medical attendant at the birth of said John Francis McQuade and that the said medical attendant is deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mary Ellen McQuade Williamson

P. O. Address Kemmerer, Wyoming

Subscribed and sworn to before me this 13 day of August, 19 40

J. A. Christensen
Notary Public.

Residing at Kemmerer, Wyoming, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A443.205 028 643

WRITE PLAINLY WITH UNFAD... INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296645

2966+5

1. PLACE OF BIRTH
County of Kootenai (now Benewah)
City of St. Maries
No. ..... St.
(If born in hospital or institution give name.)

AUG 19 1940

Registration District No. ..... State File No. .....
Prim. Registration District No. 130 Local Registrar's No. 13

2. FULL NAME OF CHILD Madeline Rachel Ducommun

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth Sept. 5, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Stephen F. Ducommun	18. Full maiden name: Rose Fuchs
10. Residence (usual place of abode) (If non-resident, give place and State): St. Maries	19. Residence (usual place of abode) (If non-resident, give place and State): St. Maries
11. Color or race: W	20. Color or race: W
12. Age at last birthday: 27 (years)	21. Age at last birthday: 20 (years)
13. Birthplace (city or place) (State or Country): Switzerland	22. Birthplace (city or place) (State or Country): Switzerland
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: own farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: Sept. 5, 1909	25. Date (month and year) last engaged in this work: Sept. 5, 1940
17. Total time (years) spent in this work: —	26. Total time (years) spent in this work: 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 2

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ? a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Stephen Ducommun, M. D.
or Father, ~~Midwife~~
Address St. Maries, Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Aug. 17, 1940 Walter Roberg
Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 19 1940

State of Idaho
County of Benewah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Stephen F. Ducommun being first duly sworn says that Madeline Rachel is the Daughter (Relationship of child)* of Rose Fuchs and Stephen Ducommun

born September 5, 1909 (Date of birth) at St. Maries, Idaho,

whose certificate of birth is hereto attached, and that Stephen Ducommun desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Madeline Rachel hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Elise Jacot ~~M.D.~~ Midwife was the medical attendant at the birth of said Madeline Rachel and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant Stephen Ducommun

P. O. Address St. Maries, Idaho

Subscribed and sworn to before me this 17th day of August, 19 40

Walter Boberg, U. S. Commr.
~~Notary Public.~~

Residing at St. Maries, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296649

AUG 21 1940

296649

1. PLACE OF BIRTH
County of Onida
City of Franklin
No. 243-107 036 335 St.
(If born in hospital or institution give name.)

Registration District No. 541 State File No.
Prim. Registration District No. 2119 Local Registrar's No. 31

2. FULL NAME OF CHILD Edmund Nephi Buckley

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term yes | 7. Legitimate? yes | 8. Date of birth Dec 7, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Buckley	18. Full maiden name Ada Rebecca Clements
10. Residence (usual place of abode) (If non-resident, give place and State) Franklin Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Same
11. Color or race W | 12. Age at last birthday 40 (years)	20. Color or race W | 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Franklin Idaho	22. Birthplace (city or place) (State or Country) Stockton Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woolen Mills	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Nurse & H.W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Woolen Mills	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 1927 | 17. Total time (years) spent in this work 40	25. Date (month and year) last engaged in this work Continues 1940 | 26. Total time (years) spent in this work 33

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 2 older (c) Stillborn

29. If stillborn, period of gestation months or weeks | 30. Cause of Stillbirth During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 8:P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) G. W. States, M. D.

or , Midwife

Address

Filed Aug, 1940 G. W. States

Registrar.

695-128 014 743

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED AUG 22 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

296655

State File No. 296655
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Canyon (b) City: Payette
(c) Street Address or R F.D No.: RFD
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Canyon
(c) City: Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address: as above

3. **RESIDENCE OF FATHER** (city, state): same

4. **FULL NAME OF CHILD:** Carl Blakesley Winn

5. Date of Birth (Month, day, year): June 28, '09

6. Sex: Male

7. Twin or Triplet: no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** CLARENCE PETER WINN
11. Color or Race: White
12. Age at time of THIS birth: 40 yrs.
13. Birthplace: Vernon County, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Leonora Jennie Putnam
17. Color or Race: White
18. Age at time of THIS birth: 37 years
19. Birthplace: Reedsburg, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: none
23. Number of children of this mother: (a) At time of birth and including this child: 7 (b) Born alive and now living: 5 (c) Born alive and now dead: 2 (d) Stillborn: none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b).....(Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leonora Jennie Winn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Carl Blakesley Winn (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwives (Name of attendant at birth), who attended said birth new deceased (Is new deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Leonora Jennie Winn
Name
2312 Highland Ave., Everett, Wash.
P. O. Address

Subscribed and sworn to before me on this 15 day of August, 1940

(SEAL) Notary Public, residing at Everett

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789 126 001-434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

296656

State File No. 296656
Local Reg. No.
Reg. Dist. No.

AUG 22 1940

1. **PLACE OF BIRTH:** (a) County Ada (b) City Boise
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home None days. In **THIS** county 1 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Adams
(c) City New Meadows
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address Warren, Idaho
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Lloyd Wayne Phillips
5. Date of Birth (Month, day, year) Sept. 26 -09
6. Sex. M
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Regular
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mason John Phillips
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Walla Walla. Wash. (City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Daisy McMahan
17. Color or Race White
18. Age at time of THIS birth 19 years
19. Birthplace Alpine, Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum None to my knowledge
23. Number of children of this mother: (a) At time of birth and including this child First (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Daisy Phillips, being first duly sworn, say that I am The Mother (Related to (or) acquainted with) Lloyd Wayne Phillips (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Roberts (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Daisy Phillips Name
Warren, Idaho P. O. Address

Subscribed and sworn to before me on this 20 day of August 1940

(SEAL) Iris Mann Notary Public, residing at Warren, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

513 112 009 262

x96663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

296663

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:** AUG 20 1940
(a) County Bonners (b) City Priest River
(c) Street Address or R F D No. Route one
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: At home
In Hosp. or Mat. Home.....days.
In **THIS** county 41 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonners
(c) City Priest River
(d) Street Address or R.F.D. No. Route One
(e) How long has **MOTHER** lived in Idaho? 41 yrs.
(f) Mother's mailing address Route One

3. **RESIDENCE OF FATHER** (city, state) Priest River

4. **FULL NAME OF CHILD** Delphino Naccarato

5. Date of Birth (Month, day, year) March 12, 1909

6. Sex Male

7. Twin or Triplet

If so—born ~~1st, 2nd, 3rd~~ 7th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank F. Naccarato
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Teresa Bossio
17. Color or Race White
18. Age at time of THIS birth 40 years
19. Birthplace Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum (?)
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b).....(Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs. Anna Verna, being first duly sworn, say that I am related to (Related to (or) acquainted with) Delphino Naccarato (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Kizer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

x Mrs Anna Verna Name

S. 241 Hogan - Spokane, Wash. P. O. Address

Subscribed and sworn to before me on this 19 day of August 1940

(SEAL) ..... Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each verified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296677

1. PLACE OF BIRTH
County of ~~Caribou~~ Bannock
City of Soda Springs, Idaho
No. 397 129-003-219 St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. 520 Local Registrar's No. 84

2. FULL NAME OF CHILD Paul Lamar Tipton

3. Sex M
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term yes
7. Legitimate? yes
8. Date of birth Mar. 29, 1909 (Month, Day, Year)

FATHER

9. Full name Paul Augustus Tipton
10. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs
11. Color or race W | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Mound City, Mo.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. garage man
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Agnes Eliza Sargent
19. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs
20. Color or race W | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or Country) Payson, Ut.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ellis Rackley, M. D.
or Dr. Ellis Rackley, Midwife
Address Soda Springs, Idaho

Give name added from a supplemental report ____
(Date of) ____
Registrar.

Filed July 20, 1940 Dr. Russell Tiegert
Registrar.

WRITE PLAINLY WITH PENCIL. DO NOT WRITE THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG - 7 1940

CERTIFICATE OF BIRTH

296690

1. PLACE OF BIRTH 231103 007276

County of Blaine

City of Gannett

No. ..... St.

Idaho.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Elvin Orlando Blair.

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth one

6. Premature ..... Full term yes

7. Legitimate? .....

8. Date of birth Oct 28, 1939 (Month, Day, Year)

FATHER

9. Full name Samuel Wilz Blair.

10. Residence (usual place of abode) (If non-resident, give place and State) Washington

11. Color or race white | 12. Age at last birthday 78 (years)

13. Birthplace (city or place) (State or Country) Jasper Iowa.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming

16. Date (month and year) last engaged in this work June, 1940

17. Total time (years) spent in this work 30

MOTHER

18. Full maiden name Ida May Blair

19. Residence (usual place of abode) (If non-resident, give place and State) Washington

20. Color or race white | 21. Age at last birthday 56 (years)

22. Birthplace (city or place) (State or Country) Boise Co. Idaho.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. X

25. Date (month and year) last engaged in this work June, 1940

26. Total time (years) spent in this work 47

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 14 (b) Born alive but now dead none (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) ....., M. D.

or ....., Midwife

Address .....

(Date of) .....

Filed Aug 7, 1940

Registrar.

Registrar.

296690

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Lewis } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Ida May Blair being first duly sworn says that she is the Mother (Relationship of child)* of Elvin Orlando Blair born Oct-28-1909 (Date of birth) at Garnett, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Elvin Orlando Blair not recorded hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. McCoy ~~M. D.~~ was the Midwife medical attendant at the birth of said Elvin Orlando Blair and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs Ida May Blair
P. O. Address Rt 3 - Box 242 - Centralia

Subscribed and sworn to before me this 6 day of August, 19 40

R H Shaffer
Notary Public.
Residing at Centralia Washington

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit indicating the relationship of the affiant, as brother, sister, cousin, etc.**

PLACE OF BIRTH

City 619 11 104 293

No. Payette St.

(If born in hospital or institution give name.)

RECEIVED AUG 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296699

CERTIFICATE OF BIRTH

Registration District No. 3 State File No.

Prim. Registration District No. 331 Local Registrar's No. 138

2. FULL NAME OF CHILD Arah LeGrande Farmer

3. Sex Male

If plural births { 4. Twin, triplet, or other ; 5. Number, in order of birth

6. Premature ; Full term yes

7. Legitimate? yes

8. Date of birth July 17, 1908 (Month, Day, Year)

FATHER

9. Full name Richard Marlow Farmer

10. Residence (usual place of abode) (If non-resident, give place and State) Payette Idaho

11. Color or race White | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Herriman Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Annie Burnette Bills

19. Residence (usual place of abode) (If non-resident, give place and State) Payette Idaho

20. Color or race White | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) West Jordan Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silloid

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor ; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) F R Woodward, M. D.

or , Midwife

Address Payette, Idaho

Filed 8/9/40, 193 J. B. Woodward Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A263 225 043 242

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Valley
City of Roseberry
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296764

AUG 19 1940

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Elsi Aliina Bollari

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term 1

7. Legitimate? .....

8. Date of birth February 25, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Mr John Bollari	18. Full maiden name mrs olga Kukila
10. Residence (usual place of abode) (If non-resident, give place and State) Roseberry	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race white | 12. Age at last birthday 34 (years)	20. Color or race white | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Finland	22. Birthplace (city or place) (State or Country) Finland
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation no months or weeks

30. Cause of Stillbirth none During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 1 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....
Registrar.

(Signed) John Bollari father, M. D.
or ~~Delmented~~, Midwife
Address .....
Filed Aug, 1940
Registrar.

STATE OF IDAHO

296764

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 19 1942

State of Idaho
County of Valley } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mr. John Bollari being first duly sworn says that Elsi Alina is the daughter (Relationship of child)* of John Bollari born February 25, 1909 (Date of birth) at Roseberry, Idaho, whose certificate of birth is hereto attached, and that Mr. Bollari desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Elsi Alina Bollari hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mr. John Bollari ~~father~~ ~~M. D.~~ ~~was~~ the Midwife medical attendant at the birth of said Elsi Alina Bollari and that the said medical attendant is Mrs. Tirina Buatesla (Now deceased (or) cannot be located) (demented)

Name of Affiant John Bollari

P. O. Address Lake Fork Idaho

Subscribed and sworn to before me this 16 day of August 1942

Blair E. Armstrong
Notary Public.

Residing at Donnelly, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

367-210-049 764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 297864
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: Gritman's Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1 days.
In **THIS** county 2 years 1 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 1004 6th St. So.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address 1004 6th St. So.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Ida.

4. **FULL NAME OF CHILD** Charlotte Laura Togstad

5. Date of Birth (Month, day, year) May 10, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred Togstad
11. Color or Race American
12. Age at time of THIS birth 24 yrs.
13. Birthplace Madison (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Clothing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Mabel Goudie
17. Color or Race American
18. Age at time of THIS birth 25 years
19. Birthplace Hawleyville (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Aug 24 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura M. Togstad, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charlotte Laura Togstad (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Gritman (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Laura M. Togstad
Name

1004 6th St. So., Nampa, Idaho
P. O. Address

Subscribed and sworn to before me on this 22nd day of August

(SEAL) Ethel V. Riese Notary Public, residing at Nampa Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B. In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

297870

AUG 23 1940

Registration District No. _____ State File No. 297870

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Blaine Co.,
City of Soldier
No. _____ St.
at home -
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Doris Ellen Moyer -

3. Sex female

If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature yes Full term No

7. Legitimate? yes

8. Date of birth Jan 13, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name John E. Moyer	18. Full maiden name Zouva Zelma Berham
10. Residence (usual place of abode) (If non-resident, give place and State) —	19. Residence (usual place of abode) (If non-resident, give place and State) —
11. Color or race W | 12. Age at last birthday 25 (years)	20. Color or race W | 21. Age at last birthday 19 (years)
13. Birthplace (city or place) Colfax (State or Country) Wash	22. Birthplace (city or place) Park Rapids (State or Country) Minn.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Barber	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
16. Date (month and year) last engaged in this work _____, 19__	25. Date (month and year) last engaged in this work _____, 19__
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living — (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 1:15 a.m. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)
_____ Registrar.

(Signed) John E Moyer Father, M. D.
or _____, Midwife
Address 3114 4-St. Vancouver, Wash
Filed Aug 23, 1940 Mae G. Atwood Registrar.

Bureau of Vital Statistics

468-213-007-259

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon AUG 23 1940
County of Multnomah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John E Mays, being first duly sworn says that he is the Father of Doris Ellen Mays
(Relationship of child)*

born Jan. 13th 1909 at Soldier —, Idaho,
(Date of birth)

~~whose certificate of birth~~ is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Doris Ellen Mays hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Royal J. Kingsley M. D. was the Midwife medical attendant at the birth of said Doris Ellen Mays and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this 11th day of October, 1938

Leland L. Partis
Notary Public.

Residing at Portland, Oregon, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

299120 042897

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

CERTIFICATE OF BIRTH

AUG 29 1940

STATE OF IDAHO

297967

State File No. 297967
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Buhl
(c) Street Address or R F D No. Mt View Ranch
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 1 years 5 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. Mt View Ranch
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Mt View Ranch.

3. **RESIDENCE OF FATHER** (city, state) Mt View Ranch

4. **FULL NAME OF CHILD** Willard Higley Brink

5. Date of Birth (Month, day, year) Sept. 20, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hal Loder Brink
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Pierre (City or town) So Dakota (State or foreign country)
14. Exact Occupation Foreman
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Elizabeth Higley
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Cedar Rapids (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 6 30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Hazel H. Brink (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Aug 29 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

Bureau of Vital Statistics

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hazel H. Brink, being first duly sworn, say that I am the related to (Related to (or) acquainted with) of Willard Higley Brink (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ross (Name of attendant at birth), who attended said birth cannot be located (is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hazel H. Brink — Name
8207½ Sunset Blvd. Los Angeles Cal. — Address

Subscribed and sworn to before me on this 26 day of August, 1940.

(SEAL) Eleanor Adams Notary Public, residing at Huntington Park Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Clarks Fork
No. A763-203 009-759 St.
Ida.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

29 8006

CERTIFICATE OF BIRTH

298006

AUG 30 1940

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. —

2. FULL NAME OF CHILD Garnett Francis Potter

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 9th | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Sept 3rd 1909 (Month, Day, Year)

9. Full name FATHER William Potter
10. Residence (usual place of abode) (If non-resident, give place and State) Clarks Fork Ida
11. Color or race ..... | 12. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) Canada

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer, bookkeeper~~, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work .....

18. Full maiden name MOTHER Ellen Elizabeth Perks
19. Residence (usual place of abode) (If non-resident, give place and State) Clarks Fork Ida
20. Color or race ..... | 21. Age at last birthday 37 (years)
22. Birthplace (city or place) (State or Country) Manhattan Mont.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) None
(a) Born alive and now living 9 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Aug., 1940 ..... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ellen Elizabeth Potter being first duly sworn says that She is the Mother (Relationship of child)* of Garnett Frances Potter born September the Third 1909. (Date of birth) at Clarks Fork Idaho, Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Garnett Frances Potter hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ~~Mrs. Houghton~~ Mrs. Mead, ~~M.D.~~ Midwife, was the medical attendant at the birth of said Garnett Frances Potter and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Ellen Elizabeth Potter.

P. O. Address West 1108, Kiernan Ave * Spokane Washington

Subscribed and sworn to before me this 28th day of August, 19 40

George Bradley
Notary Public.

Residing at Spokane Washington, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

652-203-010-779

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

298013

State File No. 298013
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F D No. don't recall
(d) Name of Hospital or Maternity Home: Mrs. Wm. Jolly
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 21 days. In **THIS** county 2 years 2 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. had none
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Idaho Falls, Ida.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida.

4. **FULL NAME OF CHILD** MARTHA LOIS WESSLER

5. Date of Birth (Month, day, year) February 3, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** FRANK E. WESSLER
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Champaign (City or town) Illinois (State or foreign country)
14. Exact Occupation cigar manufacturer
15. Industry or Business cigar making

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Jane Garner
17. Color or Race white
18. Age at time of THIS birth 28 years
19. Birthplace Marsh Valley, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum can't say
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead one (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.) and address Date

26. (a) Aug 31, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

Bureau of Vital Statistics

State of Utah
County of Weber } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eliza Jane Wessler, being first duly sworn, say that I am related to (Related to (or) acquainted with) Martha Lois Wessler (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Pendleton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eliza Jane Wessler — Name
845 Kershaw avenue, Ogden, Utah — P. O. Address

Subscribed and sworn to before me on this 29th day of August, A.D. 1940

(SEAL) Stuart P. Cobb Notary Public, residing at Ogden, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-216 034 845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

298019

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298019
Local Reg. No.
Reg. Dist. No.

AUG 31 1940

1. **PLACE OF BIRTH:**
(a) County MINIDOKA (b) City RUPERT
(c) ~~Street Address or~~ R F D No. 3
(d) Name of Hospital or Maternity Home: NONE.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home NO days.
In **THIS** county 4 years 4 months 11 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County MINIDOKA
(c) City RUPERT
(d) Street Address or R.F.D. No. RFD #3
(e) How long has **MOTHER** lived in Idaho? 41 yrs.
(f) Mother's mailing address RUPERT, IDAHO
3. **RESIDENCE OF FATHER** (city, state) RUPERT IDAHO

4. **FULL NAME OF CHILD** MINNIE BEULAH LEWIS
5. Date of Birth (Month, day, year) August 16th 1909
6. Sex FEMALE
7. ~~Twin or Triplet~~ ~~If so, born 1st, 2nd, 3rd~~
8. No. months of Pregnancy NINE
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ISAAC NARIN LEWIS
11. Color or Race WELSH
12. Age at time of THIS birth 40 yrs.
13. Birthplace Richmond (City or town) UTAH (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JENNIE HUNT LEWIS
17. Color or Race English-Irish-Dutch
18. Age at time of THIS birth 43 years
19. Birthplace MILLVILLE, (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn NO

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of CALIFORNIA
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jennie Hunt Lewis, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Minnie Beulah Lewis (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. RENNEGY (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jennie Hunt Lewis Name
1453-15th St. Santa Monica California P. O. Address

Subscribed and sworn to before me on this 22nd day of August 1940

(SEAL) Grace Barnett Notary Public, residing at Santa Monica California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-125-009-764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 31 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

298026

State File No. 298026
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Sand Point
(c) Street Address or R F D No. 2nd St.
(d) Name of Hospital or Maternity Home: Born in our home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years 14 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City Sand Point
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.
3. **RESIDENCE OF FATHER** (city Sand Point Idaho

4. **FULL NAME OF CHILD** Donald Guildford Harrild

5. Date of Birth (Month, day, year) 25th November 1909

6. Sex. Male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Percy R. Harrild
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Lindsay (City or town) Ontario (State or foreign country) Canada
14. Exact Occupation Builder
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud E. Gould
17. Color or Race White 18. Age at time of THIS birth 31 years
19. Birthplace Bismark (City or town) North Dakota (State or foreign country)
20. Exact Occupation
21. Industry or Business Operated Hotel

22. Name prophylactic used to prevent Ophthalmia Neonatorum We not Know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Maud Harrild (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a)..... (Date received) (b)..... (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of California
County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maud E. Harrild, being first duly sworn, say that I am related (Related to (or) acquainted with) Donald Guildford Harrild (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Patterson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

x Maude E. Harrild Name

P. O. Address

Subscribed and sworn to before me on this 30th day of August, 1940

(SEAL) Ray A. Wilcox Notary Public, residing at Oceanside, Calif.
(my commission expires July 2, 1942)

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279728 037-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

298033

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 3 1940

State File No. 298033
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County OWYHEE (b) City BRUNEAU
(c) Street Address or R F D No. X
(d) Name of Hospital or Maternity Home:
Private Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 20 days.
In **THIS** county X years 3 months X days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County OWYHEE
(c) City near Bruneau
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 48 yrs.
(f) Mother's mailing address BRUNEAU

3. **RESIDENCE OF FATHER** (By Ordinance) PLACERVILLE CAL.

4. **FULL NAME OF CHILD** LESLIE, REX, SPROUL

5. Date of Birth (Month, day, year) July 28, 1909

6. Sex Male

7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate YES

FATHER OF CHILD

10. **FULL NAME** FRANK, SPROUL
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace indian terrytory, oklahoma (City or town) (State or foreign country)
14. Exact Occupation electric worker,
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARTHA, EMELINE, JONES
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Toledo (City or town) Oregon (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sep 3, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Emeline Jones Sproul Randall being ~~first~~ duly sworn, say that I am related (Related to (or) acquainted with) Martha Randall (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Matt Johnson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martha Randall Name
Bruneau Idaho P. O. Address

Subscribed and sworn to before me on this 28 day of August

(SEAL) H. H. Holden Notary Public, residing at Bruneau Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2657 18 029552

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

SEP 3 - 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

298034

State File No. 298034
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: LATAH (b) City: MOSCOW
(c) Street Address or R.F.D. No.: 223 E. 6th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county: 1 years 4 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: WISC (b) County: TREMPEALEAU
(c) City: BLAIR
(d) Street Address or R.F.D. No.: Box 203
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address: BLAIR, WISC.

3. **RESIDENCE OF FATHER** (city, state): "

4. **FULL NAME OF CHILD:** ALVIN AUGUSTUS SWEGER

5. Date of Birth (Month, day, year): 2-18-1909

6. Sex: MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** Theodore Eben Sweger
11. Color or Race: White
12. Age at time of THIS birth: 27 yrs.
13. Birthplace: AVALANCHE (City or town) WISC. (State or foreign country)
14. Exact Occupation: Clergyman
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** INGER NESS
17. Color or Race: White
18. Age at time of THIS birth: 24 years
19. Birthplace: Peterson, Minn. (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sep 3, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name a[illegible] Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of .....
County of .....
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, T. E. Sweger, being first duly sworn, say that I am Father of (Related to (or) acquainted with) Alvin A. Sweger (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. RAE (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

T. E. Sweger ..... Name
Blair, Wisc. ..... P. O. Address

Subscribed and sworn to before me on this 31 day of August 1940

(SEAL) Joseph Kotte Notary Public, residing at 1675 - 3 St. Brooklyn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298111

CERTIFICATE OF BIRTH

298111

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. **PLACE OF BIRTH**
County of Ada
City of Boise
No. 29th + Bannock St. St.
695-213 001-253
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Alice Louise Freeman

3. Sex F

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth May 13, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Edward Freeman	18. Full maiden name Pearl Trebelcock
10. Residence (usual place of abode) (If non-resident, give place and State) 29th + Bannock	19. Residence (usual place of abode) (If non-resident, give place and State) 29 + Bannock
11. Color or race W | 12. Age at last birthday 29 (years)	20. Color or race W | 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) So Dakota	22. Birthplace (city or place) (State or Country) So Dakota
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. H. W.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) [illegible] Beck, M. D.
or ....., Midwife
Address Boise Idaho

Filed 9/9, 1930 Mae G. Atwood
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Bureau of Vital Statistics

4-5713-028-436

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 10 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

298161 **298161**

State File No.....
Local Reg. No. 278
Reg. Dist. No. 121

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 3 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Homer V. Mann

5. Date of Birth (Month, day, year) July 13 1909

6. Sex. M

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John L. Mann
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace (City or town) (State or foreign country) No. Carolina
14. Exact Occupation Carpenter
15. Industry or Business Independently

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie May McFee
17. Color or Race W
18. Age at time of THIS birth 20 years
19. Birthplace (City or town) (State or foreign country) No. Carolina
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Effie Mann (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) 9-9-1940 (Date received) (b) Fay P Thomas Dep. (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature** [illegible] M.D. or..... (D.O., Midwife, etc.)
and address Post Falls, Ida. Date July 13 1909

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as..... (State relationship or acquaintance), whose birth certificate
(Name of person on certificate above)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766 229 040 399

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 10 1940

298166

State File No. 298166
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Mullan
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years 6 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.
(f) Mother's mailing address Mullan, Idaho
3. **RESIDENCE OF FATHER** (city, state) Mullan, Id

4. **FULL NAME OF CHILD** Alma Marie Powell
5. Date of Birth (Month, day, year) Jan. 29, 1909
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Chas. Emil Powell
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Sandgraben (City or town) Germany (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marianna Tirella
17. Color or Race white
18. Age at time of THIS birth 29 years
19. Birthplace Marmuntowitz (City or town) Germany (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b) Mae G Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

~~State~~ Province of Saskatchewan
~~County of~~ Canada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Chas. E. Powell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alma M. Powell (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Alexander M.D. (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Chas. E. Powell Name
Golden Prairie, Sask. Canada P.O. Address

Subscribed and sworn to before me on this 7th day of September, A.D. 1940

(SEAL) Raymond Edmonds Notary Public, residing at Wapella Creek, Sask. Canada

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

762-20204-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

298167

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298167
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Canyon (b) City: Caldwell
(c) Street Address or R F D No.: Tenth & Blaine
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county: 12 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Canyon
(c) City: Caldwell, Idaho
(d) Street Address or R.F.D. No.: Tenth & Blaine
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address: Caldwel, Idaho

3. **RESIDENCE OF FATHER** (city, state): Caldwell

4. **FULL NAME OF CHILD:** Bereath Elizabeth Poston

5. Date of Birth (Month, day, year): Feb. 2, 1909

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Thomas Dolan Poston
11. Color or Race: White
12. Age at time of THIS birth: 55 yrs.
13. Birthplace: Abington, Virginia (City or town) (State or foreign country)
14. Exact Occupation: Miner
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Elizabeth Park
17. Color or Race: White
18. Age at time of THIS birth: 33 years
19. Birthplace: Pocahontas, Arkansas (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Argyrol
23. Number of children of this mother: (a) At time of birth and including this child: 6 (b) Born alive and now living: 4
(c) Born alive and now dead: 2 (d) Stillborn:

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Mae G. Atwood

26. (a) Sept. 11, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Bureau of Vital Statistics

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of: Idaho
County of: Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Poston, being first duly sworn, say that I am related to (Related to (or) acquainted with) Bereath Elizabeth Poston (Name of person on certificate above) Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hamilton (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Elizabeth Poston ..... Name
Boise, Idaho - 1815 Grant ..... P. O. Address

Subscribed and sworn to before me on this 16 day of September

(SEAL) L. L. Gill ..... Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235107014168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

SEP 14 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

2982 13

State File No. 298213
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: not in Maternity home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Ida (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address Caldwell

3. RESIDENCE OF FATHER (city, state) Caldwell

4. FULL NAME OF CHILD Charles Albert Stevens

5. Date of Birth (Month, day, year) Dec-7-1909

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George O. Stevens
11. Color or Race W
12. Age at time of THIS birth 26 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia M. Johnson
17. Color or Race W
18. Age at time of THIS birth 24 years
19. Birthplace Wash (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sep. 14, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George O. Stevens, being first duly sworn, say that I am Related (Related to (or) acquainted with) Charles Albert Stevens (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Don't know name (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George O. Stevens ..... Name

Kooskia Idaho ..... P. O. Address

Subscribed and sworn to before me on this 11 day of September, 1940

(SEAL) S F Cleveland Notary Public, residing at Kooskia Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813101-006-251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

SEP 16 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

298264 **298264**

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Groveland
(c) ~~Street Address~~ or R F D No. 1
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: ~~In Hosp. or Mat. Home~~ ____ days. own home
In **THIS** county 4 years ____ months ____ days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State ~~Utah~~ Idaho (b) County Bingham
(c) City Groveland
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address R.1. Blackfoot
3. **RESIDENCE OF FATHER** (city, state) Groveland Idaho

4. **FULL NAME OF CHILD** Calvin Leroy Hale
5. Date of Birth (Month, day, year) August 1 1909
6. Sex male
7. ~~Twin~~ or ~~Triplet~~ If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edgar D Hale
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma L. Oleamons
17. Color or Race white
18. Age at time of THIS birth 38 years
19. Birthplace Hyde Park (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Edgar D Hale (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Sep 16, 1940 (Date received) (b) Mary G Atwood (Registrar's signature)
Bureau of Vital Statistics

25. Attendant's ~~OWN signature~~ Mary Brown by Edgar D Hale ~~M.D. or~~ ~~D.O.~~, Midwife, etc.
and address R 1 Blackfoot Date Aug 1 1909

27. Given name added on ____ by ____ (Registrar's signature)

State of Idaho
County of ~~Bannock~~ Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edgar D. Hale, being first duly sworn, say that I am Father (Related to (or) acquainted with) of Calvin Leroy Hale (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ~~Edgar D. Hale~~ Mary Brown (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edgar D. Hale Name

P. O. Address

Subscribed and sworn to before me on this 24 day of August 1940

(SEAL) Martell Hale Notary Public, residing at Idaho Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266101 042 215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

298283

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298283
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Twin Falls (b) City: Twin Falls
(c) Street Address or R F D No.: 261 3rd ave S.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

SEP 16 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Twin F
(c) City: Twin Falls,
(d) Street Address or R.F.D. No.: 261 3rd S
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address:

3. **RESIDENCE OF FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD:** Harold George Swope

5. Date of Birth (Month, day, year): June 1st 1909

6. Sex: Male

7. Twin or Triplet: no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME:** Guy T. Swope
11. Color or Race: White
12. Age at time of THIS birth: 22 yrs.
13. Birthplace: Hamilton County, Neb (City or town) (State or foreign country)
14. Exact Occupation: Clerk
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Ola May Sanders
17. Color or Race: White
18. Age at time of THIS birth: 21 years
19. Birthplace: Chariton County, Mo (City or town) (State or foreign country)
20. Exact Occupation: Hswife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Midnight M. on the date and at the place stated above, and that personal particulars were furnished by Guy T. Swope (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature: Guy T. Swope as Father M.D. (D.O., Midwife, etc.)
and address Twin Falls, Date 9/12/40

26. (a) SEP 16 1940 (Date) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Twin Falls, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Guy T. Swope, being first duly sworn, say that I am the father (Related to (or) acquainted with) Harold George Swope (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that W. F. Pike (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Guy T. Swope — Name
633 2nd ave west Twin Falls Idaho — Post Office Address

Subscribed and sworn to before me on this 12th day of September 1940

(SEAL) [signature] Notary Public, residing at Twin Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 205 028 622

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

RE
SEP 17

798292 **298292**

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Harrison,
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Harrison, Idaho
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Sara Mae Gardner
5. Date of Birth (Month, day, year) March 5 1909
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roy Lewis Gardner
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Minneapolis Minn. (City or town) (State or foreign country)
14. Exact Occupation Drayman teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Ethel Osborn
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Bates County Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Osborn Gardner (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 9/17/40 (Date received) (b) Mae G Atwood (Registrar's signature)

25. Attendant's **OWN signature** Dr. John Busby deceased M.D. or (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Oral Avery being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Sara Mae Gardner (Williams) (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Busby (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Ethel Osborn Gardner Name
Harrison Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of Sept. 1940

(SEAL) Oral Avery Notary Public, residing at Clarkia Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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363-102 009-759

298318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

SEP 17 1940

1. **PLACE OF BIRTH:**
(a) County BONNER (b) City COCALALLA
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months 6 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State WISCONSIN (b) County MONROE
(c) City SPARTA
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 6 mo. yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state) SPARTA, WIS.

4. **FULL NAME OF CHILD** Everette Franklin Cole
5. Date of Birth (Month, day, year) Dec. 2, 1909
6. Sex MALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Frank Charles Cole
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Vernon Co. (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Hattie Gerome
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Galena (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b).....(Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of WISCONSIN
County of Milwaukee } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Winifred Tiedemann, being first duly sworn, say that I am SISTER OF (Related to (or) acquainted with) Everette Franklin Cole (Name of person on certificate above) as SISTER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that NOT KNOWN (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Winifred Tiedemann Name
2707 N Bremen St. P. O. Address

Subscribed and sworn to before me on this 1st day of Sept. 1940

(SEAL) E. Ponke Notary Public, residing at 530 E Center St
Comm Nov 8/42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-707-032-753

298320

RECEIVED
SEP 19 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298320

Registration District No. 430 State File No.

Prim. Registration District No. Local Registrar's No. D# 3

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. North Shoshone St.
Home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Frederick Alma Frie

3. Sex M

If plural births { 4. Twin, triplet, or other ; 5. Number, in order of birth

6. Premature ; Full term yes

7. Legitimate? yes

8. Date of birth Oct 7, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Frie	18. Full maiden name Liza Jane Peck
10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone Ida
11. Color or race W | 12. Age at last birthday ? (years)	20. Color or race W | 21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Utah	22. Birthplace (city or place) (State or Country) Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. self	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Oct -, 1909	25. Date (month and year) last engaged in this work Oct, 1909
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 1.0%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation . { months or weeks

30. Cause of Stillbirth { During labor ; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 5A.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) , M. D.

or Mary Dudley , Midwife

Address Shoshone - Idaho

Filed Sept. 18, 1940 Myrtle C. Burdett
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A466-218-035-355

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298333

CERTIFICATE OF BIRTH

RECEIVED SEP 24 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Sanders
City of Vollmer
No. In the home St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD ELEANOR KATHERINE MOFFAT

3. Sex

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth March 18th, 1909 (Month, Day, Year)

FATHER

9. Full name WILLIAM DENTON MOFFAT

10. Residence (usual place of abode) (If non-resident, give place and State) Vollmer

11. Color or race white | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Geneva, New York New York

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroading

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. N. P. Railway Co.

16. Date (month and year) last engaged in this work March 18th, 1909

17. Total time (years) spent in this work 2 years

MOTHER

18. Full maiden name MINNIE MAY LEVEL

19. Residence (usual place of abode) (If non-resident, give place and State) Vollmer Idaho

20. Color or race white | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Spokane, Wash.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home

25. Date (month and year) last engaged in this work March 18th, 1909

26. Total time (years) spent in this work 4 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother one (At time of this birth and including this child) one
(a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 2. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Minnie May Moffat, ~~M.~~D.

or Mother, ~~Mid~~wife

Address ~~R.F.D.~~ Vollmer, Idaho

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed 9-21-40, 193 Mae G. Atwood Registrar.

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~IDAHO~~
County of SANDERS } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

~~ELEANOR KATHERINE MOFFAT~~ Minnie May Moffat being first duly sworn says that she is the Mother (Relationship of child)* of ELEANOR KATHERINE MOFFAT born March 18th. 1909 (Date of birth) at Vollmer, ~~Sanders~~ County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said ELEANOR KATHERINE MOFFAT hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Burke of Vollmer, -now deceased, M. D., was the Midwife medical attendant at the birth of said Eleanor Katherine Moffat and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Minnie May Lenet Moffat

P. O. Address Hussar, Alberta, Canada.

Subscribed and sworn to before me this 15th. day of August, 1940 at Hussar, Alta.

Edward J. Bell
Notary Public.

Residing at Hussar, Alta.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission expires on December 31, 1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298337

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH 366-224
County of Kootenai 028-753
City of Coeur d'Alene Idaho
No. " St.
(If born in hospital or institution give name.)

Registration District No. 120 State File No.
Prim. Registration District No. Local Registrar's No. 293

2. FULL NAME OF CHILD Dorothy Isabel Cook.

3. Sex F
If plural births { 4. Twin, triplet, or other ; 5. Number, in order of birth
6. Premature ; Full term ✓
7. Legitimate? Yes
8. Date of birth June 24, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles A. Cook.	18. Full maiden name Carrie C. Peterson
10. Residence (usual place of abode) (If non-resident, give place and State) CDA.	19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene Ida.
11. Color or race White 12. Age at last birthday 35 (years)	20. Color or race White 21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Wisconsin	22. Birthplace (city or place) (State or Country) Wisconsin
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal Employe.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U.S.P.O.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work June, 1909 17. Total time (years) spent in this work 5 mo.	25. Date (month and year) last engaged in this work June, 1909 26. Total time (years) spent in this work 2 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 25% Sol Argyrol.

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks
30. Cause of Stillbirth { During labor ; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 7a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) John O. Wood M. D.
or Midwife
Address Coeur d'Alene Ida.
Filed 9-18, 1940 H. L. Lawrence Registrar.

9-25-40
CL

793117028419

298338

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 State File No. 298338

Prim. Registration District No. _____ Local Registrar's No. 299

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 618 Foster Avenue St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Joseph Gordon Giles

3. Sex: Male

If plural births: 4. Twin, triplet, or other: No; 5. Number, in order of birth: _____

6. Premature: _____ Full term: Yes

7. Legitimate? Yes

8. Date of birth: May 17, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Joseph Roy Giles	18. Full maiden name: Janet Susan Main
10. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene	19. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene
11. Color or race: American 12. Age at last birthday: 31 (years)	20. Color or race: American 21. Age at last birthday: 25 (years)
13. Birthplace (city or place): Wyoming (State or Country) Otoe County, Nebraska	22. Birthplace (city or place): Newberry (State or Country) Michigan
OCCUPATION — 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Secy-Treas. Cd'A & St. Joe Transp. Company Ltd.	OCCUPATION — 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Steam Boat Company	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: _____, 19__ 17. Total time (years) spent in this work: 5 years	25. Date (month and year) last engaged in this work: May, 1909 26. Total time (years) spent in this work: 3 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: one (b) Born alive but now dead: None (c) Stillborn: None

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9:15 A.M. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

_____ Registrar.

(Signed) J. C. Dwyer (deceased), M. D.

or "Kate S. Lang Nurse", ~~Midwife~~

Address _____

Filed 9-19, 1909 H. L. Newcomb, M.D. Registrar.

9.25-40

659-127-009-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
SEP 21 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 298339
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Laclede
(c) Street Address or R F D No. Gen. Del.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. Home
In **THIS** county 4 years 6 months 15 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City Laclede
(d) Street Address or R.F.D. No. Rural Delivery
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Laclede Idaho Gen. Del.

3. **RESIDENCE OF FATHER** (city, state) Laclede Idaho Gen. Del.

4. **FULL NAME OF CHILD** Jerome Elwood Wertenberger

5. Date of Birth (Month, day, year) June 27 - 1909 Sunday

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Cornelius Wertenberger.
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Warsaw (City or town) Indiana (State or foreign country)
14. Exact Occupation Millwright
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Alma Hill.
17. Color or Race white
18. Age at time of THIS birth 21 years
19. Birthplace Minneapolis (City or town) Minnesota (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living one
(c) Born alive and now dead one (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace Alma Wertenberger, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jerome Elwood Wertenberger (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fox (initials unknown) (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Grace Alma Wertenberger Name
613 W. Mansfield, Spokane, Washington P. O. Address

Subscribed and sworn to before me on this 18 day of September, 1940.

(SEAL) Josephine Davis Notary Public, residing at Spokane, Washington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791710 09-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

298421

State File No. 298421
Local Reg. No. 682
Reg. Dist. No. 682

1. **PLACE OF BIRTH:**
(a) County Custer (b) City Darlington
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City Darlington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Darlington

4. **FULL NAME OF CHILD** Donald Burnett Gray
5. Date of Birth (Month, day, year) July 10, 1909
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** F. Eugene Gray
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Sidney, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jean Annie Burnett
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace Darlington, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug. 31, 1940 (Date received) (b) Rose Nowacki (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, F. Eugene Gray, being first duly sworn, say that I am related to (Related to (or) acquainted with) Donald Burnett Gray (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hancock (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

F. Eugene Gray ..... Name
New Plymouth, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 2nd day of October, 1940

(SEAL) Beth Randleb Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Custer

City of Darlington

No. _____ St. _____

(If born in hospital or institution give name.)

SEP 16 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298421

CERTIFICATE OF BIRTH

Registration District No. 682 State File No. _____

Prim. Registration District No. 682 Local Registrar's No. 606

2. FULL NAME OF CHILD Donald Burnett Gray

3. Sex boy

If plural births: 4. Twin, triplet, or other one; 5. Number, in order of birth 3

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth July 10, 1939 (MONTH, DAY, YEAR)

FATHER

9. Full name J. Eugene Gray

10. Residence (usual place of abode) (If non-resident, give place and State) Darlington Ida

11. Color or race white 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or country) Sidney Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work _____, 19__

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Jean Annie Burnett

19. Residence (usual place of abode) (If non-resident, give place and State) Darlington

20. Color or race white 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or country) Darlington Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farmer's Wife

25. Date (month and year) last engaged in this work _____, 19__

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (BORN ALIVE OR STILLBORN) at 11-30 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

Father J. Eugene Gray, Midwife

Address Nerz Phy Montpelier Ida

Filed Aug. 31, 1940 Rose Nourse Registrar.

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

735 718 026 815

298427

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 11 1940

CERTIFICATE OF BIRTH

Registration District No. 641 State File No.
Prim. Registration District No. 2176 Local Registrar's No. 139

1. PLACE OF BIRTH
County of Jefferson
City of Lewisville
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD WILLIAM ROYAL GLENN

3. Sex Male

If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓

6. Premature Full term X

7. Legitimate? Yes

8. Date of birth 4-18, 1909 (Month, Day, Year)

9. Full name — FATHER: James Edward Glenn.

10. Residence (usual place of abode) (If non-resident, give place and State) Lewisville, Ida

11. Color or race W | 12. Age at last birthday 45 (years)

13. Birthplace (city or place) (State or Country) Salt Lake City, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work 4-18, 1909

17. Total time (years) spent in this work 7

18. Full maiden name — MOTHER: Annie Elizabeth Hanson.

19. Residence (usual place of abode) (If non-resident, give place and State) Lewisville, Ida

20. Color or race W | 21. Age at last birthday 42 (years)

22. Birthplace (city or place) (State or Country) Salt Lake City, Ut/

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work 4-18, 1909

26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 3 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of stillbirth ✓ Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. A. Anderson, M. D.
or , Midwife
Address Rigby Idaho

Give name added from a supplemental report

(Date of) [illegible] r.

[illegible] A B Cherself
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

OCT 15 1963

314 203 036 469

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298445

RECEIVED
SEP 20 1940

CERTIFICATE OF BIRTH

Registration District No. 541 State File No.
Prim. Registration District No. 2 149 Local Registrar's No. 61

1. PLACE OF BIRTH
County of Oneida
City of Franklin, Idaho
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Theda Violet Campbell

3. Sex F | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term X | 7. Legitimate? yes | 8. Date of birth Sept. 3, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Frederick Henry Campbell	18. Full maiden name Sarah Violet Morrison
10. Residence (usual place of abode) Dempsey (after Iowa Fall) (If non-resident, give place and State) Preston, Idaho	19. Residence (usual place of abode) Dempsey (after Iowa Fall) (If non-resident, give place and State) Preston, Idaho
11. Color or race white 12. Age at last birthday 22 (years)	20. Color or race white 21. Age at last birthday 21 (years)
13. Birthplace (city or place) Weston, Idaho (State or Country)	22. Birthplace (city or place) Franklin (State or Country) Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn
First

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5:50 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Live name added from supplemental report
(Date of)
Registrar.

(Signed) G. W. States, M. D.
or Midwife
Address Preston Idaho
Filed Aug 23, 1940 G. W. States
Registrar.

...RECORD. N. B.—In case of more than ..., ... the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298450

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH County of Now Valley. was Boise Co.
City of McCall Idaho
No. Ranch Bo of McCall St.
619-210 008-413
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Zelma Ruth Ward

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Sept 10, 1909 (Month, Day, Year)

9. Full name FATHER now deceased Harmon Henry Ward

10. Residence (usual place of abode) (If non-resident, give place and State) McCall Ida

11. Color or race white | 12. Age at last birthday 18 (years)

13. Birthplace (city or place) (State or Country) Oklahoma City Oklahoma

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work at least 10 year

18. Full maiden name MOTHER Lillie E. Matthews

19. Residence (usual place of abode) (If non-resident, give place and State) Star Idaho

20. Color or race white | 21. Age at last birthday 18 (years)

22. Birthplace (city or place) (State or Country) Lebanon, County Laclede Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn None

29. If stillborn, period of gestation ✓ { months or weeks

30. Cause of Stillbirth ✓ { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs J L McFall, ~~M. D.~~
or ....., Midwife
Address McCall, Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed SEPT 1940, 193.... ..... Registrar.

753-106-042-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED

299536

State File No. 299536
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls, (b) City or Town Twin Falls,
(c) Street Address or R.F.D No. R.F.D. #3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 4 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls,
(d) Street Address or R.F.D. No. R.F.D.# 3
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address T.F. Idaho
3. **RESIDENCE OF FATHER** (city, state) T.F. Idaho

4. **FULL NAME OF CHILD** Leslie Walter Peterson
5. Date of Birth (Month, day, year) Oct. 6th 1909
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? x

FATHER OF CHILD

10. **FULL NAME** Emanuel Edward Peterson
11. Color or Race W
12. Age at time of THIS birth 29 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Andrea Hansen
17. Color or Race W
18. Age at time of THIS birth 22 years
19. Birthplace Souix City Iowa (City or town) (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 4
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Jennie Peterson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 9/18/40 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mrs Jennie Andrea Peterson (D.O., Midwife, etc.)
and address Twin Falls, Idaho Date 9/18/40

State of Idaho
County of Twin Falls, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs J.H. Peterson, being first duly sworn, say that I am related with (Related to (or) acquainted with) Leslie Walter Peterson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that W.W. Pike M.D. (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs J.H. Peterson ..... Name
Twin Falls, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 18th day of September 1940

(SEAL) [signature] Notary Public, residing at Twin Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-106-014-168

299578

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299578
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Canyon (b) City: Caldwell
(c) Street Address or R.F.D No.: Cannot remember
(d) Name of Hospital or Maternity Home: None attended Birth was in residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home: 0 days.
In **THIS** county: one years 2 months 0 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Canyon
(c) City: Caldwell
(d) Street Address or R.F.D. No.: Cannot remember
(e) How long has **MOTHER** lived in Idaho? One yrs.
(f) Mother's mailing address: Cannot remember

3. **RESIDENCE OF FATHER** (city, state): Caldwell, Ida.

4. **FULL NAME OF CHILD:** Harold Adlit Nelson

5. Date of Birth (Month, day, year): Aug. 6, 1909.

6. Sex: Male

7. Twin or Triplet: Neither — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Elias E. Nelson
11. Color or Race: White
12. Age at time of THIS birth: 32 yrs.
13. Birthplace: Hjorted (City or town) Sweden (State or foreign country)
14. Exact Occupation: Experiment farm superintendent
15. Industry or Business: None

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Emma Kristina Johnson
17. Color or Race: White
18. Age at time of THIS birth: 26 years
19. Birthplace: Kullaboarp (City or town) Sweden (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business: None

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Do not know
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1
(c) Born alive and now dead: 0 (d) Stillborn: 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sep 24 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elias Nelson, being first duly sworn, say that I am the father of (Related to (or) acquainted with) Harold Adlit Nelson (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. James A. Young (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elias Nelson — Name

921 S. 19th Ave, Yakima, Wash. — P. O. Address

Subscribed and sworn to before me on this 23rd day of September, 1940

(SEAL) L. G. Andrews — Notary Public, residing at Yakima

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299599

RECEIVED SEP 12 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 299599

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Cassia
City of Burley
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Orval Henry Smith

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth X

6. Premature ..... Full term ✓

7. Legitimate? ✓

8. Date of birth 4 July, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles Henry Smith	18. Full maiden name Lillie Velety Stokes
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White | 12. Age at last birthday 34 (years)	20. Color or race White | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) Hillard (State or Country) Box Elder Utah	22. Birthplace (city or place) Perry (State or Country) Box Elder Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work 8	26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) Four (4)
(a) Born alive and now living 4 (b) Born alive but now dead No (c) Stillborn No

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

~~(Signed)~~ Mrs. Dayley, practical nurse ~~M. D.~~
or midwife, Midwife
Address Oakley, Idaho

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report no attending physician
(Date of)
..... Registrar.

Filed Sep. 12, 1940 Mae G. Attwood Registrar
Bureau of Vital Statistics

249-104.016-236

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 12 1940

State of Idaho
County of Cassia } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lillie V. S. Smith being first duly sworn says that she is the mother (Relationship of child)* of Orvil Henry Smith born July 4, 1909 (Date of birth) at Burley, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Orvil Henry Smith hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Doyle, ~~M. D.~~, was the Midwife medical attendant at the birth of said Orvil Henry Smith and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Lillie V Smith
P. O. Address Burley, Idaho

Subscribed and sworn to before me this 11 day of September, 1940

Henry H. Winker
Notary Public.
Residing at Burley, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

296-114-028-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

299608

299608

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 25 1940

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Spirit Lake
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: Dr. Prindle Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 14 days.
In **THIS** county — years — months 4 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City Valley
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Same

3. **RESIDENCE OF FATHER** (city, state) Valley, Idaho

4. **FULL NAME OF CHILD** Jack Morgan Brooks

5. Date of Birth (Month, day, year) May 14, 1909

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Llewellyn Benson Brooks
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Nelson (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Sawmill Operator
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte Morgan
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Thomas (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead — (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by ✓ (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Sep. 25 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on (Registrar's signature) by

Bureau of Vital Statistics

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charlotte M. Brooks, being first duly sworn, say that I am related (Related to (or) acquainted with) Jack Morgan Brooks (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E.S. Prindle (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charlotte M. Brooks Name

Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me on this 23d day of September, 1940.

(SEAL) Notary Public, residing at Sandpoint, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

714-114-010-256

24966 2

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299662
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F D No. 11th Street
(d) Name of Hospital or Maternity Home: SEP 27 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 11th St.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Idaho Falls, Ida

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** JOHN SEWARD GAMBLE

5. Date of Birth (Month, day, year) Aug. 14, 1909

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alex. C. Gamble
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Albany, New York (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Louisa Seward
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Packenham, Ont. Canada (City or town) (State or foreign country)
20. Exact Occupation H
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Bornalive (born alive, stillborn) at 8:00 AM. on the date and at the place stated above, and that personal particulars were furnished by Mrs A. C. Gamble (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Sep. 27, 1940 (b) Mae G. Atwood
(Date received) of Vital Statistics (Registrar's signature)

27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's **OWN** signature L. L. Fuller M.D. or (D.O., Midwife, etc.)
and address Colo Springs Colo Date Sep 22, 1940

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as..... (State relationship or acquaintance), whose birth certificate
(Name of person on certificate above)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-209-028-253

299687

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED SEP 30 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299687
Local Reg. No. 315
Reg. Dist. No. 120

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1105 - 5th St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. At Home
In **THIS** county ..... years 3 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1105 - 5th St
(e) How long has **MOTHER** lived in Idaho? 3 Mos ~~yrs.~~
(f) Mother's mailing address 1105 - 5th St
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Mary Louise Cleland
5. Date of Birth (Month, day, year) April 9th 1909
6. Sex Female
7. Twin or Triplet X If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hume Ferguson Cleland
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Detroit (City or town) Michigan (State or foreign country)
14. Exact Occupation Office Mgr
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Louise Betts
17. Color or Race White
18. Age at time of THIS birth 33 years
19. Birthplace Yale (City or town) Michigan (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 9-27-1940 (Date received) (b) H. L. Newcomb, M.D. (Registrar's signature)
27. ~~Given name added on~~ ..... by Fay P. Thomas (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hume Ferguson Cleland, being first duly sworn, say that I am Father (Related to (or) acquainted with) Mary Louise Cleland (Name of person on certificate above) Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Scalon (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hume Ferguson Cleland ..... Name
..... P. O. Address

Subscribed and sworn to before me on this 26 day of Sept 1940

(SEAL) O. W. Edmonds ..... Notary Public, residing

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT COEUR D'ALENE IDAHO
MY COMMISSION EXPIRES NOV. 28, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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141-127-003-415

299691

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299691

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock Bilou
City of Soda Springs (Davisville)
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lawrence John Adams

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth May 27, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name John E. Adams	18. Full maiden name Arminta Davis
10. Residence (usual place of abode) (If non-resident, give place and State) Davisville, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Davisville
11. Color or race W	12. Age at last birthday 30 (years)
20. Color or race W	21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Meadow, Ut	22. Birthplace (city or place) (State or Country) Riverdale, Ida
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	17. Total time (years) spent in this work .....
25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? silver nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born a live (Born Alive or Stillborn) at 10A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Dr. Ellis Kackley M. D.
or ..... Midwife
Address Soda Springs, Idaho
Filed Sep 30, 1930 Mae G. Atwood Registrar.

Bureau of Vital Statistics

Certified Copy issued Feb. 17, 1941. E.M.

493-204-022-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

REGISTERED
SEP 30 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299716
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City St. Anthony
(c) Street Address or R F D No. x
(d) Name of Hospital or Maternity Home: x
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home x days. In **THIS** county 9 years x months x days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. x
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address St. Anthony, Idaho

3. **RESIDENCE OF FATHER** (city, state) St. Anthony, Idaho

4. **FULL NAME OF CHILD** Roberta Goodloe Miller

5. Date of Birth (Month, day, year) November 4, 1909

6. Sex female

7. Twin or Triplet x If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Waller Miller
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Gallatin, Tennessee (City or town) (State or foreign country)
14. Exact Occupation General Manager
15. Industry or Business Wholesale Grain Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Blythe Anderson
17. Color or Race white
18. Age at time of THIS birth 37 years
19. Birthplace Gallatin, Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead x (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sep 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Bureau of Vital Statistics

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, F. C. Sturdevant, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Roberta Goodloe Miller (Name of person on certificate above) as a friend (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Eby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

F. Sturdevant ..... Name
St. Anthony, Idaho. ..... P. O. Address

Subscribed and sworn to before me on this 27 th day of Sept. 1940

(SEAL) ..... Notary Public, residing at ST. ANTHONY, IDAHO.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-201-025-795

United States
Department of Commerce
Bureau of the Census

RECEIVED
SEP 25 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299741
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Idaho (b) City: Hamburg
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Idaho
(c) City: Hamburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address: Hamburg Idaho
3. **RESIDENCE OF FATHER** (city, state): Hamburg Idaho

4. **FULL NAME OF CHILD:** Ruby Victoria Benjamin
5. Date of Birth (Month, day, year): June 1-1909
6. Sex: female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** George William Benjamin
11. Color or Race: white
12. Age at time of THIS birth: 33 yrs.
13. Birthplace: New Market (City or town) Iowa (State or foreign country)
14. Exact Occupation: farming
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Jessie M. Pressnalle
17. Color or Race: white
18. Age at time of THIS birth: 28 years
19. Birthplace: Dallas Co (City or town) Iowa (State or foreign country)
20. Exact Occupation: Housewife since marriage
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was [redacted] on the date and at the place stated above, and that personal particulars were furnished by [redacted] (First name) (Last name) who is related to this child as [redacted]

25. Attendant's **OWN signature** M.D. or [redacted] (Midwife, etc.)
and address [redacted] 1-1909

26. (a) Sep. 25, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on.....by.....(Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Lewis } ss.

I, Eva C. Harris, being first duly sworn, say that I am acquaintance (Related to (or) acquainted with) and relative (Name of person on certificate above) as neighbor and social caller (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Hammond Mary Lyons (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eva C. Harris — Name
Hamond Idaho — P. O. Address

Subscribed and sworn to before me on this 21st day of September, 1940

(SEAL) Richard M. Mitchell Notary Public, residing at Hamond Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299758

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Ada

City of Boise,

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Beryl Elizabeth Gray

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Jan. 4, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John D. Gray	18. Full maiden name: Elizabeth Kavanough Draper
10. Residence (usual place of abode) (If non-resident, give place and State): Boise, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Boise, Idaho
11. Color or race: White | 12. Age at last birthday: 67 (years)	20. Color or race: White | 21. Age at last birthday: 38 (years)
13. Birthplace (city or place) (State or Country): Missouri	22. Birthplace (city or place) (State or Country): Tennessee
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ....., 19..	25. Date (month and year) last engaged in this work ....., 19..
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed 10/2, 1909 Bureau of Vital Statistics

Nine G. Atwood
Registrar.

791-204.001-215

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of ADA } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ELIZABETH KAVANAUGH DRAPER GRAY being first duly sworn says that SHE is the MOTHER (Relationship of child)* of BERYL ELIZABETH GRAY born JANUARY 4, 1909 (Date of birth) at BOISE, Idaho, whose certificate of birth is hereto attached, and that SHE desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said BERYL ELIZABETH GRAY hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that DR. GEORGE COLLISTER, M. D., was the Midwife medical attendant at the birth of said BERYL ELIZABETH GRAY and that the said medical attendant is DECEASED (Now deceased (or) cannot be located)

Name of Affiant Elizabeth Kavanaugh Draper Gray
P. O. Address 1806 North Seventh St., Boise, Idaho

Subscribed and sworn to before me this 11th day of September, 1940

[illegible]
Notary Public.

Residing at Boise, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

493-119-001-538

299786

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of ADA
City of BOISE
No. 325 GROVE St.
(If born in hospital or institution give name.)

RECEIVED
OCT 1 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299786

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD JOSEPH LOUIS MILLER

3. Sex MALE

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term YES

7. Legitimate? YES

8. Date of birth APRIL 19, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name CHARLES T. MILLER	18. Full maiden name MARY BELL ETHERTON
10. Residence (usual place of abode) (If non-resident, give place and State) 325 GROVE ST	19. Residence (usual place of abode) (If non-resident, give place and State) 325 GROVE ST.
11. Color or race WHITE 12. Age at last birthday 37 (years)	20. Color or race WHITE 21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) JACKSON COUNTY ILLINOIS	22. Birthplace (city or place) (State or Country) JACKSON COUNTY ILLINOIS
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOTEL OWNER	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSE WIFE
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. HOTEL	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓
16. Date (month and year) last engaged in this work APRIL, 1909	25. Date (month and year) last engaged in this work ✓, 19..
17. Total time (years) spent in this work 5	26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate Sol. 1%

28. Number of children of this mother (At time of this birth and including this child) six living alive
(a) Born alive and now living 3 (b) Born alive but now dead 3 (c) Stillborn NONE

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) John Boeck, M. D.
or ....., Midwife
Address Boise Ida
Filed Oct 4 1940 Mae E. Atwood
Bureau of Vital Statistics Registrar.

MAR 26 1971

914-111-025-914

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299791
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangeville
(c) Street Address or R F D No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years 7 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Grangeville, Idaho.

3. **RESIDENCE OF FATHER** (city, state) Spokane, Wn.

4. **FULL NAME OF CHILD** Daniel Arthur Rauenzahn

5. Date of Birth (Month, day, year) December 11, 1909

6. Sex. Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Cossett Smalley
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Raritan (City or town) Illinois (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Importation of jewelry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edythe Christina Rauenzahn
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Seattle, (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sep. 30 1940 (Date received) (b) Mae G. Atwood (Registrar) Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Daniel R. Rauenzahn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Daniel Arthur Rauenzahn (Name of person on certificate above) as grandfather (Mothers father) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Slaughter, MD (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Daniel R Rauenzahn ..... Name
10753 Greenwood Avenue, Seattle, Wash. ..... P. O. Address

Subscribed and sworn to before me on this 27th day of September 1940

(SEAL) R. W. Minnes ..... Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

To [redacted] C. Thomas
Seattle, Wash.
Sept. 4, 1940

The County Recorder,
Idaho County,
Grangeville, Idaho

RECEIVED
SEP 8 1940

Dear Sir:

May I have a certified copy of my birth certificate?

I was born December 11, 1909 at Grangeville and my mother's name was Edythe Christina Ramenzahn, formerly Mrs. Fred Cossett Smalley until divorced October 26, 1909 in the Superior Court of the State of Washington for Spokane County. Mr. Fred Cossett Smalley was my father's name but he waived all rights and claim to any child born of this wedlock and

a daughter, I believe, had this birth recorded, according to law under the name of:

Daniel Arthur Ravenzahn.

My grandparents residing at the same town where I was born. Their names are: Mr. & Mrs. Daniel Neftus Ravenzahn.

If there is any fee for this service please let me know.

Yours very truly,

Daniel A. Ravenzahn
RAVENZAHN

462-127-036-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED OCT 4 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

299797

State File No. 299797
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Franklin (b) City Whitney
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home X days. In **THIS** county 5 years 9 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 5-6 yrs.
(f) Mother's mailing address Preston R.1
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Orval Chadwick Moser
5. Date of Birth (Month, day, year) Apr 27 1909
6. Sex boy
7. Twin or Triplet — If so—born 1st, 2nd, 3rd X
8. No. months of Pregnancy 8 months
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Edward Piers Moser
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Gerlinfingen (City or town) Solothurn Switzerland (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Chadwick
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Whiting (City or town) Idaho (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business

22. Name prophylactic used to prevent **Ophthalmia Neonatorum** none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead — (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 4, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Orval Chadwick Moser (Name of person on certificate above), being first duly sworn, say that I am mother (Related to (or) acquainted with) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Allen R Cutler (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Mary Ann Chadwick Moser Name
Preston Idaho R.1 P. O. Address

Subscribed and sworn to before me on this 2nd day of October 1940

(SEAL) Arthur M Hart Notary Public, residing at Preston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

October 16, 1940

Mrs. Mary Ann Moser
Rt. 1
Preston, Idaho

Dear Mrs. Moser:

In making out the certified copy of the birth record of your son ~~Orval, we note that~~ the date of birth ~~does not~~ appear.

Please make a notation on the bottom of this letter, over your personal signature, and return.

Very truly yours

BUREAU OF VITAL STATISTICS

Mae G. Atwood

Mae G. Atwood, Director

c

Born April 27. 1909.

Mary Ann Moser.

259-102-040-685.

299825

RECEIVED OCT 7 - 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299825

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Harrie Austin Snider

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Nov. 2, 1909 (Month, Day, Year)

9. Full name — FATHER: Henry R. Snider

10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg, Ida.

11. Color or race W | 12. Age at last birthday 43 (years)

13. Birthplace (city or place) (State or Country) Cedar Rapids, Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Miner

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

18. Full maiden name — MOTHER: Mildred Fretz

19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg, Ida.

20. Color or race W | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) Pennsylvania

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housekeeper

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ....., months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) T. R. Mason, M. D.

or ....., Midwife

Address .....

Filed Oct 7, 1940 Mae G. Atwood
Registrar. Bureau of Vital Statistics Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

815-112-030-599

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) R99830

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299830
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Lemhi (b) City Salmon
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: At Home OCT 7 - 1940
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. In **THIS** county 5y years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Salmon, Idaho
3. **RESIDENCE OF FATHER** (city, state) Salmon, Ida.

4. **FULL NAME OF CHILD** Frederick Herman Hank
5. Date of Birth (Month, day, year) May, 12, 1909
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Frederick Hank
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Christine Erickson
17. Color or Race white
18. Age at time of THIS birth 21 years
19. Birthplace Lyman, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 7, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ....by Bureau of Vital Statistic (Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or .... (D.O., Midwife, etc.)
and address Date

State of Idaho, County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Christine Hank, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frederick Herman Hank (Name of person on certificate above) as Mother (State relationship or acquainance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Hilda Christine Erickson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah Christina Hank Name
Baker, Idaho. P. O. Address

Subscribed and sworn to before me on this 2nd. day of October, 1940.

(SEAL) W. W. Simmons ~~Notary Public, residing at~~
Clerk of the District Court, Lemhi County, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

649-222-035-569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299831
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Near Juliaetta
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 5 years ..... months ..... days.

RECEIVED OCT 7 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Near Juliaetta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Juliaetta, Idaho
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Hazel Lillian Wurman
5. Date of Birth (Month, day, year) March 22, 1909
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer Isaac Wurman
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Minneapolis, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Ranch

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Norsch
17. Color or Race White
18. Age at time of THIS birth 18 years
19. Birthplace Corrmant, Minnesota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't remember
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 4 A.M. on the date and at the place stated above, and that personal particulars were furnished by Maria Wurman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 7 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** DR. HUNTER deceased (D.O., Midwife, etc.)
and address Date

State of Washington
County of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elmer Isaac Wurman, being first duly sworn, say that I am related (father) to (Related to (or) acquainted with) Hazel Lillian Wurman (Name of person on certificate above) as my daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hunter (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elmer Isaac Wurman Name
535 N.E. 4th St Camas Wash. P. O. Address

Subscribed and sworn to before me on this 4 day of October

(SEAL)

Notary Public, residing at Camas

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Near Juliaetta
~~No.~~ ~~St.~~
at home
(If born in hospital or institution give name.)

RECEIVED
SEP 30 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Hazel Lillian Wurman

3. Sex: Female
If plural births: 4. Twin, triplet, or other No. 5. Number, in order of birth 1
6. Premature ..... Full term ✓
7. Legitimate? Yes
8. Date of birth March 22 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Elmer Isaac Wurman	18. Full maiden name: Maria Morsch
10. Residence (usual place of abode) (If non-resident, give place and State): Near Juliaetta Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Same
11. Color or race: White 12. Age at last birthday: 22 (years)	20. Color or race: White 21. Age at last birthday: 18 (years)
13. Birthplace (city or place) (State or country): Minneapolis Minn.	22. Birthplace (city or place) (State or country): Carrmant. Minn
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: March 31, 1910	25. Date (month and year) last engaged in this work: Lifetime 19
17. Total time (years) spent in this work: 9 years	26. Total time (years) spent in this work: 8 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't remember

28. Number of children of this mother (At time of this birth and including this child): One
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 4 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. Hunter (now deceased)
or Elmer I. Wurman Father, Midwife
Address Sprague, Wash.

Give name added from a supplemental report .....
(Date of)

Filed ....., 193.....

Registrar.

Registrar.

Three Parties Knowing of Birth.

Mr. & Mrs. Wm. Schiffle Juliaetta Idaho.

Mr. & Mrs. Arthur Dobson Killola "

Mr. & Mrs. Earl Ritze Moscow Idaho. 407 Spotswood

866-129-016-268

299899

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299899
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Near Rupert
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Near Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Rupert, Ida.

4. **FULL NAME OF CHILD** William Elmer Howell
5. Date of Birth (Month, day, year) Sept. 29, 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Beverly Howell
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace (City or town) Kentucky (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Bohannan
17. Color or Race white
18. Age at time of THIS birth 21 years
19. Birthplace (City or town) Oklahoma (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

Mae G. Atwood

26. (a) Oct. 14, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

Bureau of Vital Statistics

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Beverly Howell, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Elmer Howell (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Copeland (Name of attendant at birth), who attended said birth Now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Beverly Howell
....Name
Emmett, Idaho
....P. O. Address

Subscribed and sworn to before me on this 14th day of October, 1940

(SEAL) Anton Gordon Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-108-035-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 299903

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299903
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County: Bingham (b) City: Moreland
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county 9 years.....months.....days.

RECEIVED OCT 14 1940

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State: Idaho (b) County: Bingham
(c) City: Moreland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. RESIDENCE OF FATHER (city, state) Moreland Ida.

4. FULL NAME OF CHILD: Virgil Edward Nordley
5. Date of Birth (Month, day, year): July 8, 1909
6. Sex: Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Albert Edward Nordley
11. Color or Race: White
12. Age at time of THIS birth: 23 yrs.
13. Birthplace: Redwing (City or town) Minnesota (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Thea Ora Landon
17. Color or Race: White
18. Age at time of THIS birth: 21 years
19. Birthplace: Athena (City or town) Oregon (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was: Alive (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by: Thea Nordley (First name) (Last name), who is related to this child as: Mother (Mother, etc.)

26. (a) Oct. 14, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of: Idaho
County of: Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Thea Nordley, being first duly sworn, say that I am related (Related to (or) acquainted with) Virgil Edward Nordley (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that O. O. Spence M.D. (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Thea Ora Nordley Name
Rt. 1, Box 73 Shelston, Washington Address

Subscribed and sworn to before me on this 24 day of October 1940.

(SEAL) Phil Reinguter Notary Public, residing at

EX-OFFICIO AUDIT

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

one copy issued 10/29/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-129-042-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

299979

State File No. 299979
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County: Twin Falls (b) City: Milner
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (a) State: Idaho (b) County: Twin Falls
(c) City: Milner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address: Milner Idaho

3. **RESIDENCE OF FATHER** (city, state) Milner Idaho

4. **FULL NAME OF CHILD** John Franklin Hansen

5. Date of Birth (Month, day, year) Sept 29 1909

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rufus Arnold Hansen
11. Color or Race: white
12. Age at time of THIS birth: 24 yrs.
13. Birthplace: Kendrick (City or town) Idaho (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cleola May Jones
17. Color or Race: white
18. Age at time of THIS birth: 27 years
19. Birthplace: Iowa (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct. 10, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cleola May Hansen, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Franklin Hansen (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. C. Patterson (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cleola May Hansen — Name
Aberdeen Idaho — P. O. Address

Subscribed and sworn to before me on this 7th day of October 1940

(SEAL) G. A. Barker Notary Public, residing at Aberdeen Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

957 — 299990

1. PLACE OF BIRTH

County of Owyhee

City of Banner

No. ..... St.

(If born in hospital or institution give name.)

OCT 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299990

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Evelyn Harriett Inglis

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth April 11, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: James Fredrick Inglis	18. Full maiden name: Lily Kohlhepp
10. Residence (usual place of abode) (If non-resident, give place and State): Banner	19. Residence (usual place of abode) (If non-resident, give place and State): Banner
11. Color or race: White | 12. Age at last birthday: 34 (years)	20. Color or race: White | 21. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Michigan	22. Birthplace (city or place) (State or Country): Oregon City, Oregon
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mining Engineer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: April 11, 1909	25. Date (month and year) last engaged in this work: April 11, 1909
17. Total time (years) spent in this work: since out of school	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed Oct. 10 1940 Mae D. Atwood
Bureau of Vital Statistics
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the numbers of each, in order of birth stated.

457-211-037-268

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lily Kohlhepp Inglis Tryon being first duly sworn says that she is the Mother (Relationship of child)* of Evelyn Harriett Inglis born April 11, 1909 (Date of birth) at Banner, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Evelyn Harriett Inglis hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further ~~states~~ that ....., M. D., was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Mrs Lily I Tryon

P. O. Address 617 W. Doran, Glendale, California

Subscribed and sworn to before me this 26th day of September, 1940

Dwight T. Fox
Notary Public.

Residing at Kingman, Arizona, ~~Idaho~~.

DWIGHT T. FOX, Notary Public
Mohave County, Arizona
My Commission Expires June 1, 1941

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

236-115042-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 299994

299994

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 14 1940

RECEIVED

1. PLACE OF BIRTH:
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No.
(d) ~~Name of Hospital or Maternity Home~~
(e) ~~Mother's stay BEFORE~~ delivery: ~~In Hosp. or Mat.~~ Home ..... days.
In THIS county 7 years 5 months 13 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No. II
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Kimberly, Idaho

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD James Dacon Scott

5. Date of Birth (Month, day, year) Oct. 15-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Dacon Scott
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Marion (City or town) Kentucky (State or foreign country)
14. Exact Occupation Pharmacist
15. Industry or Business Drug Store Owner

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Morrill
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Circleville (City or town) Utah (State or foreign country)
20. Exact Occupation Clerk
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Dr John R Morgan now deceased (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 10-14-40 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Statistics (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Utah
County of Cache } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida Morrill Scott, being first duly sworn, say that I am mother (Related to (or) acquainted with) James Dacon Scott (Name of person on certificate above) as mother (State relationship or acquainted), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John R Morgan (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida Morrill Scott — Name
193 W. 1st N. Logan, Utah — P. O. Address

Subscribed and sworn to before me on this 11 day of Oct 1940

(SEAL) Wilma Nelson — Notary Public, residing at Logan Ut
Co Clerk

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-104-007-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 299998

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299998
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Blaine (b) City Picabo
(c) Street Address or R F D No. Non
(d) Name of Hospital or Maternity Home: at our home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home None days. In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Past yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Raymond Bierck
5. Date of Birth (Month, day, year) 1909 14 Feb
6. Sex Boy
7. Twin or Triplet no If so—born 1st, 2nd, 3rd 4
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Philip Bierck
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Willston Ill. (City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Simons
17. Color or Race white
18. Age at time of THIS birth 23 years
19. Birthplace Lyons (City or town) (State or foreign country) Kansas
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Oct 10, 1940 (Date received by Bureau of Vital Statistics) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature dead M.D. or (D.O., Midwife, etc.) and address was Hailey Idaho Date

State of Washington
County of Kittitas } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Clara Simons Bierck, being first duly sworn, say that I am Related too (Related to (or) acquainted with) Raymond Bierck (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stevens (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Clara Simons Bierck Name
Box 102 Ellensburg Wash. Address

Subscribed and sworn to before me on this 9th day of October 1940

(SEAL) C. E. Brazee Notary Public, residing at Ellensburg Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-11-01-09-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 300018
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F D No. Rowe Avenue
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Row Avenue
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Boise, Ida.

4. **FULL NAME OF CHILD** David Elmer Coughanour, Jr
5. Date of Birth (Month, day, year) Dec. 10, 1909
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Elmer Coughanour
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace San Francisco, (City or town) Calif. (State or foreign country)
14. Exact Occupation Mining Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dolores Rose Craig
17. Color or Race white
18. Age at time of THIS birth 22 years
19. Birthplace Eureka Springs, (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st. (b) Born alive and now living 1
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:00 AM. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother)

Mae G. Atwood

26. (a) Oct. 18, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. D. E. Coughanour, being first duly sworn, say that I am related to (Related to (or) acquainted with) David Elmer Coughanour, Jr. (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Jack Brereton (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. D. E. Coughanour ..... Name

1515 No. Florence, El Paso, Texas ..... P. O. Address

Subscribed and sworn to before me on this 18th day of October, 1940

(SEAL) Seth Pendleton Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-129-11-997

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

300059

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 5 1940

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F D No. Eagle Rock St.
(d) Name of Hospital or Maternity Home: City Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 4 days.
In **THIS** county 3 years 4 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Idaho Falls, Ida.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Idaho.

4. **FULL NAME OF CHILD** Stuart Lee

5. Date of Birth (Month, day, year) Sept. 29, 1909

6. Sex. male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stuart Lee
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Woodruff (City or town) Utah (State or foreign country)
14. Exact Occupation Farming & Stockraising
15. Industry or Business " "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leah May Hill
17. Color or Race white
18. Age at time of THIS birth 26 years
19. Birthplace Lincoln (City or town) Nebr. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Stuart Lee (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) 10-15-40 (Date received) (b) Mae D. Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's Stuart Lee **OWN signature** M.D. or Father (D.O., Midwife, etc.) and address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Stuart Lee Sr., being first duly sworn, say that I am related to (Related to (or) acquainted with) Stuart Lee (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J.H Coultherd (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Stuart Lee Name

Salmon, Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of October, 1940

(SEAL) W. W. Simmons ~~NOTARY PUBLIC residing at~~ Clerk of the District Court, Lemhi Co., Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

This certificate is made to correct date of birth on certificate filed in Idaho

United States
Department of Commerce
Bureau of the Census
689-221-025-692

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

300070 County, Idaho
State File No. Record No.
Local Reg. No. 383. Page
Reg. Dist. No. 13.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Freda Virginia White
5. Date of Birth (Month, day, year) May 21, 1909
6. Sex. female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred White
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Richland, Oregon (City or town) (State or foreign country)
14. Exact Occupation U.S. Internal Revenue Service
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie May Fisher
17. Color or Race white
18. Age at time of THIS birth 29 years
19. Birthplace Challis, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother) Mae G. Atwood

26. (a) Oct. 22, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)
Bureau of Vital Statistics

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie M. White, being first duly sworn, say that I am related to (Related to (or) acquainted with) Freda Virginia White (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Carl Slusser (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**, correctly.

Nellie M. White Name
Boise, Idaho 904 Fairview Ave. P. O. Address

Subscribed and sworn to before me on this 22nd day of October
(SEAL) Ray E. Peterson Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-205-509-257

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 300095
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Bonner (b) City: Newport
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

RECEIVED
OCT 17 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Bonner
(c) City: Newport
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address: Newport, Wash

3. **RESIDENCE OF FATHER** (city, state): Newport, Wn

4. **FULL NAME OF CHILD:** Emma May Fish

5. Date of Birth (Month, day, year): Aug 5, 1909

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd: Third

8. No. months of Pregnancy: 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Frank Edgar Fish
11. Color or Race: White
12. Age at time of THIS birth: 24 yrs.
13. Birthplace: Rice Lake (City or town) Wis (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Lois Aurelia Knapp
17. Color or Race: White
18. Age at time of THIS birth: 20 years
19. Birthplace: Bloomingdale (City or town) Mich (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3
(c) Born alive and now dead: 2 (d) Stillborn:

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1 A.M. on the date and at the place stated above, and that personal particulars were furnished by Frank Edgar Fish (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) Oct. 17, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ....by Statistician (Registrar's signature)

25. Attendant's **OWN signature** Frank Edgar Fish (M.D., D.O., Midwife, etc.)
and address Rt 2 Newport Wn Date 10/11/40

State of Washington } ss.
County of Spokane

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edith Staley, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Emma May Fish (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Boudon (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Edith Staley — Name
Elk, Wash — P. O. Address

Subscribed and sworn to before me on this 11th day of October 1940

(SEAL) H. A. Sudhoff — Notary Public, residing at Elk Washington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795-124 003-793

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of McCammon

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

300118

RECEIVED
OCT 16 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Reynold Ervin Green

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth Jan 24, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Cumer Green	18. Full maiden name: Nellie Gittins
10. Residence (usual place of abode) (If non-resident, give place and State): McCammon	19. Residence (usual place of abode) (If non-resident, give place and State): McCammon
11. Color or race: White 12. Age at last birthday: 25 (years)	20. Color or race: White 21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or Country): Idaho	22. Birthplace (city or place) (State or Country): Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 8:30 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) H H Cooper, M. D.

or ..... Midwife

Address Grand View, Idaho

Filed Oct 16, 1940 Mae G. Atwood Registrar.

Dup of 1909-298396 voided

BOTH DELAYED

249 116 240 419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 7 1940

State File No. 301164
Local Reg. No. 164
Reg. Dist. No. 142

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wardner
(c) Street Address or R F D No. Home
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 10 days.
In **THIS** county X years 7 months 25 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Calif. (b) County Los Angeles
(c) City of Gardena
(d) Street Address or R.F.D. No. 1304 W 145 St
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address 1304 W 145 St

3. **RESIDENCE OF FATHER** (city, state) Gardena

4. **FULL NAME OF CHILD** Fred Robert Burns

5. Date of Birth (Month, day, year) 12 mo 16 day 09

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Roy Burns
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Portland (City or town) Oregon (State or foreign country)
14. Exact Occupation Nurseryman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary J. Marlett
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace Toledo (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2.30 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Mary J. Burns (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Sept. 21-1940 (Date received) (b) Mrs. Helen McBride (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mary J. Burns, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Fred Robert Burns (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mason (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary J. Burns ..... Name
1304 W 145 St Gardena ..... P. O. Address

Subscribed and sworn to before me on this 6th day of September

(SEAL) Arthur Davies ..... Notary Public, residing at Gardena California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

one copy issued 10/30/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

552-204 001 783

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 301186

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **301186**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F D No 1411 Eastman St
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home No days.
In **THIS** county 10 years ..... months ..... days.

OCT 16 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No 1411 Eastman
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address 1411 Eastman
3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Helen Mildred Ness
5. Date of Birth (Month, day, year) April 4 - 1909
6. Sex Female
7. Twin or Triplet no If so—born 1st, 2nd, 3rd no
8. No. months of Pregnancy Nine
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Ness
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Eau Claire (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Lineman
15. Industry or Business Idaho Power Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Pyle
17. Color or Race White
18. Age at time of THIS birth 18 years
19. Birthplace Boise (City or town) Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 10/16/40 (Date received) (b) Mae G Atwood (Registrar) Department of Vital Statistics

25. Attendant's **OWN signature** James Stewart M.D. M.D. or ..... (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Calif.
County of Orange } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frances M. Mull, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Helen M. Ness (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. James Stewart (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Frances M. Mull Name
417 No. Parton St. Santa Ana Calif. P. O. Address

Subscribed and sworn to before me on this 14th day of October, 1940.

(SEAL) Mildred L. Fuksens Notary Public, residing at Santa Ana Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

496/11 809 573

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 301187

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301187
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Bonner (b) City: Bonners Ferry
(c) Street Address or R.F.D. No.: Gen. Del.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: ~~In Hosp. or Mat. Home~~ ..... days.
In **THIS** county: 4 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Bonner
(c) City: Bonners Ferry
(d) Street Address or R.F.D. No.: General Del.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address: Bonners Ferry

3. **RESIDENCE OF FATHER** (city, state): same

4. **FULL NAME OF CHILD:** Emile Wilfred Dion

5. Date of Birth (Month, day, year): May 11, 1909

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** David Joseph Dion
11. Color or Race: White
12. Age at time of THIS birth: 46 yrs.
13. Birthplace: Ripon Ont. (City or town) Canada (State or foreign country)
14. Exact Occupation: Tailor
15. Industry or Business: Tailor shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Josephine Marie Valle
17. Color or Race: White
18. Age at time of THIS birth: 38 years
19. Birthplace: Curran (City or town) Ont. Canada (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business: House work

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Unknown
23. Number of children of this mother: (a) At time of birth and including this child: 5 (b) Born alive and now living: 5
(c) Born alive and now dead: ..... (d) Stillborn: .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 16, 1940 (Date received) Mae G. Atwood (Registrar's signature) Bureau of Vital Statistics

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Boundary } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Josephine Marie Dion, being first duly sworn, say that I am related to (Related to (or) acquainted with) Emile Wilfred Dion (Name of person on certificate above) as Mother (Relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E. E. Fry (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Josephine M. Dion — Name
Bonners Ferry, Idaho — P. O. Address

Subscribed and sworn to before me on this 17th day of Oct 1940

(SEAL) H. M. Mackenzie — Notary Public, residing at Bonners Ferry, Idaho

Notary Public for the State of Idaho
Residing at Bonners Ferry, Idaho
My Commission Expires Oct 26, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-110-035-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 301198

State File No. 301198
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County: Nez Perce (b) City: Lewiston
(c) Street Address or R.F.D. No.: 6th & 7th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

OCT 19 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Nez Perce
(c) City: Lewiston
(d) Street Address or R.F.D. No.: 6th & 7th Ave.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state) Same Idaho

4. **FULL NAME OF CHILD:** Robert West Kling
5. Date of Birth (Month, day, year): July 10, 1909
6. Sex: Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Frederick E. Kling
11. Color or Race: White
12. Age at time of THIS birth: 32 yrs.
13. Birthplace: Newport (City or town) Kentucky (State or foreign country)
14. Exact Occupation: Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Lottie Schattner
17. Color or Race: White
18. Age at time of THIS birth: 29 years
19. Birthplace: Newark (City or town) Missouri (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct 16, 1940 (Date received) (b) Patricia Burke (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred Kling, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert West Kling (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that C. C. Phillips (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Fred Kling Name
103 Prospect Avenue Lewiston P.O. Address

Subscribed and sworn to before me on this 17th day of October, 1940.

(SEAL) Philip Meisner Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

997 203 025 355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301203
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Idaho (b) City: Riggins
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home: none days.
In **THIS** county: 16 years months days.

OCT 21 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Idaho
(c) City: Riggins
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address: Riggins
3. **RESIDENCE OF FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD:** Sarah Vera Riggle
5. Date of Birth (Month, day, year): May 3 1907
6. Sex.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Allen Leslie Riggle
11. Color or Race: White
12. Age at time of THIS birth: 34 yrs.
13. Birthplace: Thurman (City or town) Iowa (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Mary Ellen Levander
17. Color or Race: White
18. Age at time of THIS birth: 32 years
19. Birthplace: Boise Valley (City or town) (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: none
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2 (c) Born alive and now dead: none (d) Stillborn: none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 21, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, C. M. Clay, being first duly sworn, say that I am acquainted (related to (or) acquainted with) Sarah Vera Riggle (Name of person on certificate above) as Close Neighbor (State relationship or acquainted) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. A. Foskett (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

C. M. Clay X Name
Riggins Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of October 1940

(SEAL) John H. Clay Notary Public, residing at Riggins Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 10/28/40
MM

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 205 009-623

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 301211

State File No. 301211
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH:
(a) County Bonner (b) City Sandpoint
(c) Street Address or R F D No. 44 Milltown
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 44 Milltown
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Post Office
3. RESIDENCE OF FATHER (city, state) Sandpoint Ida.

4. FULL NAME OF CHILD Viola Fannie Hallstein
5. Date of Birth (Month, day, year) July 5, 1909
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 1 st
8. No. months of Pregnancy Nine
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Felix Hallstein
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Menomonie (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Feeding Machine
15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Oschgar
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace Wausau (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 21, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by Statistics (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Montana
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Felix Hallstein, being first duly sworn, say that I am related to (Related to (or) acquainted with) Viola Fannie Hallstein (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McKinnon (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Geo. F. Hallstein ..... Name
Libby, Montana ..... P. O. Address

Subscribed and sworn to before me on this 17th day of October, 1940

(SEAL) Harriet Orall Notary Public, residing at Libby, Montana

Oct. 25, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253-102-022866

301243

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 29 1940

Registration District No. ..... State File No. 301263

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Kyle Darwin Kellogg

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 5 | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date birth June 2, 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name Darwin Kellogg	18. Full maiden name Alice Foust
10. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho
11. Color or race White, 12. Age at last birthday 36 (years)	20. Color or race White, 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Idaho	22. Birthplace (city or place) (State or Country) Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillborn ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 5 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) [illegible], M. D.

or ....., Midwife

Address Ashton Idaho

Filed Oct. 29, 1940 Mae G. Atwood

Bureau of Vital Statistics Registrar.

755129 006685

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301276 301276

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Poplar
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Poplar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address Poplar

3. **RESIDENCE OF FATHER** (city, state) Poplar

4. **FULL NAME OF CHILD** Ernest V. Peed

5. Date of Birth (Month, day, year) Sept. 29, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Newton Peed
11. Color or Race W
12. Age at time of THIS birth 37 yrs.
13. Birthplace Carthage Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia May Wheeler
17. Color or Race W
18. Age at time of THIS birth 22 years
19. Birthplace Franklin, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead .... (d) Stillborn ....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother) Mae G. Atwood

26. (a) Oct. 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or .... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lydia May Peed, being first duly sworn, say that I am related (Related to (or) acquainted with) Ernest V. Peed (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Wheeler (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lydia May Peed ....Name
424 S. 10th St. Boise ....P. O. Address

Subscribed and sworn to before me on this 30 day of Oct. 1940

(SEAL) Beth Prudlebury Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

one copy issued 10/30/40 L.E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-130042-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 301282 301282

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Buhl
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) Buhl, Ida.

4. **FULL NAME OF CHILD** Earl Arthur Smith

5. Date of Birth (Month, day, year) Jan. 30, 1909

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Louis Smith
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie May Carpenter
17. Color or Race white
18. Age at time of THIS birth 27 years
19. Birthplace (City or town) Moscow, (State or foreign country) Idaho
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at about noon M. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as ..... (Mother)

Mae G. Atwood

26. (a) Oct. 31, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jennie M. Smith, being first duly sworn, say that I am related to (Related to (or) acquainted with) Earl Arthur Smith (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McClusky (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jennie M. Smith Name

Route #6, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 31st day of October, 1940

(SEAL) Beth Pemberton Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

one copy 10/31/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238 108 014-789

United States
Department of Commerce
Bureau of the Census

RECEIVED
OCT 16 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301305
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Emmett
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years 3 months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Washington (b) County Whitman
(c) City Tekoa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address Tekoa, Wash.

3. **RESIDENCE OF FATHER** (city, state) Tekoa, Wash.

4. **FULL NAME OF CHILD** Albert Lyle Schulerud

5. Date of Birth (Month, day, year) April 8, 1909

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl L. Schulerud
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Tekoa, Wash. (City or town) (State or foreign country)
14. Exact Occupation Merchant and Undertaker
15. Industry or Business Hardware and Undertaker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Ellen Philips
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Dayton, Wash. (City or town) (State or foreign country)
20. Exact Occupation Teacher & Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child .... (b) Born alive and now living Yes
(c) Born alive and now dead .... (d) Stillborn ....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. John T. Lewis, Jr. (First name) (Last name) who is related to this child as Aunt (Mother, etc.)

26. (a) Oct. 16, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ....by .... (Registrar's signature)

25. Attendant's **OWN** signature B O Clark M.D. or .... (D.O., Midwife, etc.)
and address Vet Adm. Boise Idaho Date 10-16-40

State of ....
County of .... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am .... (Related to (or) acquainted with) .... (Name of person on certificate above) as .... (State relationship or acquaintance) ...., whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that .... (Name of attendant at birth) ...., who attended said birth .... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

....Name

....P. O. Address

Subscribed and sworn to before me on this ....day of ....

(SEAL) ....Notary Public, residing at ....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

559-12-022-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301336
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Fremont (b) City: Sugar City
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. In **THIS** county over 10 years ....months ....days.

OCT 30 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Fremont
(c) City: Sugar City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address: 1069 Termino Long Beach Calif.

3. **RESIDENCE OF FATHER** (city, state): Deceased Calif.

4. **FULL NAME OF CHILD:** Matthias Croft Neibaur

5. Date of Birth (Month, day, year): March 21 1909

6. Sex: Male

7. Twin or Triplet: No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 7 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** Morris R Neibaur
11. Color or Race: White
12. Age at time of THIS birth: 45 yrs.
13. Birthplace: Salt Lake Cty (City or town) Utah (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Ellen Isabella Croft
17. Color or Race: White
18. Age at time of THIS birth: 42 years
19. Birthplace: Woodford (City or town) Essex (State or foreign country) England
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 8 (b) Born alive and now living: 5 (c) Born alive and now dead: 3 (d) Stillborn: none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) Oct 30 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.) and address ....Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am relates to (Related to (or) acquainted with) Matthias Croft Neibaur (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Shupe (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ellen Isabella Neibaur ....Name
1069 Termino Ave. Long Beach Calif. ....P. O. Address

Subscribed and sworn to before me on this 24 day of October 1940

(SEAL) R D Evans ....Notary Public, residing at Long Beach Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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997-214-028 859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301839

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 30 years.....months.....days.

OCT 30 1940

2. **USUAL RESIDENCE of MOTHER: (Always fill in these)**
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Coeurd'Alene
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Blanche Viola Rippetoe
5. Date of Birth (Month, day, year) Jan. 14, 1909
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John William Rippetoe
11. Color or Race white
12. Age at time of THIS birth 53 yrs.
13. Birthplace Pearidge, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Lavena Herren
17. Color or Race White
18. Age at time of THIS birth 35 years
19. Birthplace Missoula, Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John W. Rippetoe, being first duly sworn, say that I am related to (Related to (or) acquainted with) Blanche Viola Rippetoe (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. C. Dwyer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John W. Rippetoe Name
927 7th St., Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 26 day of Oct 1940

(SEAL) C. J. Jordan Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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542121 001-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301360

State File No. 301360
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: ADA (b) City: Boise
(c) Street Address or R.F.D. No.: 1310 Alturas St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

OCT 29 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 1310 Alturas
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address: Same as Above

3. **RESIDENCE OF FATHER** (city, state): Same

4. **FULL NAME OF CHILD:** Charles Walter Embree

5. Date of Birth (Month, day, year): 9-21-09

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Amos Edward Embree
11. Color or Race: White
12. Age at time of THIS birth: 42 yrs.
13. Birthplace: (City or town) (State or foreign country) Illinois
14. Exact Occupation: Surveyor
15. Industry or Business: Engineering - Civil

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Cora Eva Patterson
17. Color or Race: White
18. Age at time of THIS birth: 36 years
19. Birthplace: (City or town) (State or foreign country) Illinois
20. Exact Occupation: House wife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Yes
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: Yes
(c) Born alive and now dead: — (d) Stillborn: —

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, [redacted]) at Two - A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 29, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs. Cora E. Embree, being first duly sworn, say that I am Mother (Related to (or) acquainted with) of Charles Walter Embree (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hargrove (Name of attendant at birth), who attended said birth Cannot be located (~~is now deceased~~ (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Cora E. Embree — Name
799 So. Euclid ave Pasadena — P. O. Address

Subscribed and sworn to before me on this 26th day of October 1940.

(SEAL) W. E. Butler — Notary Public, residing at Pasadena Calif.

My Commission Expires April 16, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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6961100 4231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301361

State File No. 301361
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: CANYON (b) City: PAYETTE
(c) Street Address or R.F.D No. 1016 - 3rd Ave. North
(d) Name of Hospital or Maternity Home: Grandmothers Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years 3 months.....days.

OCT 29 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: CANYON
(c) City: PAYETTE
(d) Street Address or R.F.D. No. 1016 - 3rd Ave. N.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address: PAYETTE, Idaho.
3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho

4. **FULL NAME OF CHILD** LYNDON Wilson FIFE
5. Date of Birth (Month, day, year) February 10, 1909
6. Sex: Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** PAUL COOK FIFE
11. Color or Race: White
12. Age at time of THIS birth: 27 yrs.
13. Birthplace: PRESTON (City or town) MINN. (State or foreign country)
14. Exact Occupation: RAILWAY Conductor
15. Industry or Business: Union Pacific RWY

MOTHER OF CHILD

16. **FULL MAIDEN NAME** PEARLIE BEATRICE Stark
17. Color or Race: White
18. Age at time of THIS birth: 20 years
19. Birthplace: LAKEVIEW (City or town) OREGON (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth ~~and~~ including this child: 1 (b) Born alive and now living: 1
(c) Born alive and now dead: — (d) Stillborn: —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (born alive, stillborn) at one P.M. on the date and at the place stated above, and that personal particulars were furnished by ANNA (First name) Stark (Last name), who is related to this child as GRANDMOTHER (Mother, etc.)

26. (a) Oct 29, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** Deceased M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Stark, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lyndon Wilson Fife (Name of person on certificate above) as Grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. H. Avey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Anna Stark Name
Payette, Idaho P. O. Address

Subscribed and sworn to before me on this 26th day of September, 1940

(SEAL) Helen F. Dunn Notary Public, residing at Payette, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

125/13-040-546

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301363

State File No. 301363
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County SHOSHONE (b) City BURKE
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED OCT 28 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** HARVEY CHESTER ABELING
5. Date of Birth (Month, day, year) FEB. 3, 1909
6. Sex. MALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? YES

FATHER OF CHILD DECEASED

10. **FULL NAME** CHESTER HARVEY ABELING
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace BUTTE (City or town) MONTANA (State or foreign country)
14. Exact Occupation METALLURGICAL ENGINEER
15. Industry or Business

MOTHER OF CHILD DECEASED

16. **FULL MAIDEN NAME** LILLIAN EDWARDS
17. Color or Race WHITE
18. Age at time of THIS birth 31 years
19. Birthplace EAST ORRINGTON (City or town) MAINE (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive ~~and now dead~~ (d) ~~Stillborn~~ 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct. 28, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** H Cleeins M.D. or ..... (D.O., Midwife, etc.)
and address Spokane Wash Date 10-3-40

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this .....day of .....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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553-206-042-363

301364 301364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Twin Falls (b) City Buhl
(c) Street Address or R F D No. 2
(d) Name of Hospital or Maternity Home: At family Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Oregon (b) County Marion
(c) City Salem
(d) Street Address or R.F.D. No. 1596 N. 4th St
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address 1596 N. 4th St Salem, Ore
3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Florence Carolyn Nelson (~~[illegible]~~)
5. Date of Birth (Month, day, year) Sept. 6 - 1909
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Albert Bernhard Nelson
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business also physician

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Colline
17. Color or Race White
18. Age at time of THIS birth 35 years
19. Birthplace Lake City, Minnesota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead .... (d) Stillborn ....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ada C. Nelson (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Oct. 28, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
Bureau of Vital Statistics

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Ada C. Nelson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Florence Carolyn Nelson (~~[illegible]~~) (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Albert B. Nelson (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ada C. Nelson
Name
Salem, Oregon ~~1596 N. 4th~~
P. O. Address

Subscribed and sworn to before me on this 23 day of October 1940

(SEAL) Amy O'Neil Notary Public, residing at Bly Oregon

NOTARY PUBLIC FOR OREGON
COMMISSION EXPIRES NOV 7 1941

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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818 702 025493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 301373

301373

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH:** NEAR GRANGEVILLE
(a) County IDAHO (b) City or MT IDAHO
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at HOME X
In Hosp. or Mat. Home X days.
In **THIS** county years months days.

RECEIVED OCT 28 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County IDAHO
(c) City NEAR GRANGEVILLE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** SAMUEL MARK HAYES
5. Date of Birth (Month, day, year) June 2nd 1909
6. Sex Male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd X
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel S Hayes
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace New Decatur Iowa (City or town) (State or foreign country)
14. Exact Occupation Day Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Michaud
17. Color or Race white
18. Age at time of THIS birth 21 years
19. Birthplace Switzerland Europe (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 10 (c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Oct 28, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.) and address Date

State of Colorado
County of Saguache } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Jane Michaud Hayes, being first duly sworn, say that I am mother of Samuel Mark Hayes (Related to (or) acquainted with) (Name of person on certificate above) as mother Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that attendant (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Mary Jane Michaud Hayes Name
Saguache Colo P. O. Address

Subscribed and sworn to before me on this 23 day of October 1940
My Commission expires May 10 1942 (SEAL) William Floyd Notary Public, residing at Saguache Colo

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
OCT 28 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

301392 301392
State File No. 301392
Local Reg. No. 1250
Reg. Dist. No. 200

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: at Home
In Hosp. or Mat. Home ....days.
In **THIS** county 24 years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Moscow, Idaho

3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** Enoch Alexander Nelson

5. Date of Birth (Month, day, year) July 22, 1909

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nels August Nelson
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Josephine Lind
17. Color or Race white
18. Age at time of THIS birth 36 years
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother etc.)

26. (a) 10-23-40 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho, } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary J. Nelson, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Enoch Alexander Nelson (Name of person on certificate above) as ....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Joseph Aspray (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary J. Nelson ....Name
Moscow, Idaho ....P. O. Address

Subscribed and sworn to before me on this 23rd day of October, 1940

(SEAL) [signature] Notary Public, residing at Moscow, Idaho.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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446-221 035 666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 3-1399

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301399
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: at Home on ranch
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. In **THIS** county 7 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 39 7 yrs.
(f) Mother's mailing address Culdesac, Idaho

3. **RESIDENCE OF FATHER** (city, state) Culdesac, Ida

4. **FULL NAME OF CHILD** Catherine Frances Dufour

5. Date of Birth (Month, day, year) 1-21-1909

6. Sex. Female

7. Twin or Triplet x If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Theodule Dufour
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Madawaska, Maine (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Woods
17. Color or Race white
18. Age at time of THIS birth 25 years
19. Birthplace Stevensville, montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7 (c) Born alive and now dead 5 (d) Stillborn x

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ? M. on the date and at the place stated above, and that personal particulars were furnished by Maud Woods Dufour (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Oct 30, 1940 (Date received) (b) Patricia Burke (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maud Woods Dufour, being first duly sworn, say that I am related to (Related to (or) acquainted with) Catherine F. Turner (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. C. Burke (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maud Woods Dufour Name

Culdesac, Idaho. P. O. Address

Subscribed and sworn to before me on this 29 day of Oct. 1940

(SEAL) [signature] Notary Public, residing at Culdesac, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301448
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Woodland
(c) Street Address or R F D No. none
(d) Name of Hospital or Maternity Home
none - born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 7 years ....months 9 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Woodland
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Woodland, Idaho
3. **RESIDENCE OF FATHER** (city, state) The same

4. **FULL NAME OF CHILD** Olive May Ryner
5. Date of Birth (Month, day, year) 11-21-1909
6. Sex. Female
7. Twin or Triplet ----
If so—born 1st, 2nd, 3rd ------
8. No. months of Pregnancy nine
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eugene Ryner
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Utah, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming and labor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Frederika Johnson
17. Color or Race white
18. Age at time of THIS birth 31 years
19. Birthplace Don't know - Swaden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child .... (b) Born alive and now living ....
(c) Born alive and now dead .... (d) Stillborn ....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother etc.) Mae G. Atwood

26. (a) Nov. 4, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or .... (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Frederika Ryner, being first duly sworn, say that I am related to (Related to (or) acquainted with) Olive May Ryner (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hannah George (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Anna F. Ryner ....Name
East 825 North Ave., Spokane, Washington ....P. O. Address

Subscribed and sworn to before me on this 1st day of November, 1940

(SEAL) Burton J. Cristine ....Notary Public, residing at Spokane, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301458
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Bellevue
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 4 years ....months ....days.

RECEIVED NOV 4 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Bellevue, Idaho
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Peter H. Johnson
5. Date of Birth (Month, day, year) 10/21/1909
6. Sex. male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? No

FATHER OF CHILD

10. **FULL NAME** Unknown
11. Color or Race white
12. Age at time of THIS birth ....yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabel Johnson
17. Color or Race white
18. Age at time of THIS birth 17 years
19. Birthplace Murray (City or town) Utah (State or foreign country)
20. Exact Occupation ~~Now janitor of Bellevue school~~
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living ~~1~~
(c) Born alive and now dead ~~1~~ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) Mae G. Atwood (Date received) (b) Nov 4, 1940 (Registrar's signature)

27. Given name added by Bureau of Vital Statistics (Registrar)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Isabel Morris, being first duly sworn, say that I am related to (Related to (or) acquainted with) ....(Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. J. Allen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Isabel Morris ....Name

Bellevue, Idaho ....P. O. Address

Subscribed and sworn to before me on this 9th day of October, 1940

(SEAL) Joseph N. Gulp ....Notary Public, residing at Hailey, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249121 024-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301476

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County.....Gooding..... (b) City.....Gooding.....
(c) Street Address or R.F.D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

NOV 1 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State.....Idaho..... (b) County.....Gooding.....
(c) City.....Gooding.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....Gooding, Ida.

4. **FULL NAME OF CHILD**.....Marion B. Smith.....
5. Date of Birth (Month, day, year)...Dec. 21, 1909....
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**.....Clarence Smith.....
11. Color or Race .....white.....
12. Age at time of THIS birth.....25....yrs.
13. Birthplace.....Illinois..... (City or town) (State or foreign country)
14. Exact Occupation.....Farmer.....
15. Industry or Business .....

MOTHER OF CHILD

16. **FULL MAIDEN NAME**.....Daisy Kreider.....
17. Color or Race.....white.....
18. Age at time of THIS birth....24.....years
19. Birthplace.....Illinois..... (City or town) (State or foreign country)
20. Exact Occupation.....Housewife.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. **Number of children of this mother:** (a) At time of birth and including this child.....3... (b) Born alive and now living..3.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was...born alive....at.....M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother.)

Mae G. Atwood

26. (a)...Nov 1, 1940... (Date received) (b)...Mae G. Atwood... (Registrar's signature)
27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of.....Idaho.....
County of.....Twin Falls..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank M. Smith....., being first duly sworn, say that I am.....related to..... (Related to (or) acquainted with)
Marion B. Smith.....as.....brother....., whose birth certificate (Name of person on certificate above) (State relationship or acquainance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that...I do not know attendant..., who attended (Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.** (Is now deceased (or) cannot be located)

x Frank M. Smith.....Name
176 Monroe, Twin Falls, Idaho.....P. O. Address

Subscribed and sworn to before me on this...29th...day of...October - 1940.

(SEAL) Leah Cedarholm.....Notary Public, residing at...Twin Falls Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-120-042-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301516
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Twin Falls (b) City: Twin Falls
(c) Street Address or R.F.D. No.:
(d) Name of Hospital or Maternity Home: Dr. Coburn's home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home: 1 days.
In **THIS** county: years 11 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Twin Falls
(c) City: Twin Falls
(d) Street Address or R.F.D. No.: 3rd Ave.
(e) How long has **MOTHER** lived in Idaho? 11 ~~mo. yrs.~~
(f) Mother's mailing address: Twin Falls Idaho

3. **RESIDENCE OF FATHER** (city, state): Twin Falls Idaho

4. **FULL NAME OF CHILD:** Thurston Arland Bowman Jr.

5. Date of Birth (Month, day, year): Nov. 20 1909

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** Thurston Arland Bowman
11. Color or Race: White
12. Age at time of THIS birth: 27 yrs.
13. Birthplace: Huntington (City or town) Indiana (State or foreign country)
14. Exact Occupation: Carpenter
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Rose Louisa Bradley
17. Color or Race: White
18. Age at time of THIS birth: 25 years
19. Birthplace: Aledo (City or town) Illinois (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: none (c) Born alive and now dead: none (d) Stillborn: none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother): Mae L. Atwood

26. (a) Nov. 6, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

Bureau of Vital Statistics

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Calif.
County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rose L. Bowman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Thurston Arland Bowman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Coburn (Name of attendant at birth), who attended said birth, cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

(Mrs. O.A.) Rose L. Bowman — Name
108 East 2nd St. National City Calif. — P. O. Address

Subscribed and sworn to before me on this 4th day of November 1940

(SEAL) Lila Wallace Notary Public, residing at National City California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A 318 120 040 243

301532

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 31 1940

Registration District No. ..... State File No. 301582

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg Idaho
No. ..... St. Kellogg Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Orval David Taylor.

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth March 20, 1909 (Month, Day, Year)

FATHER

9. Full name Samuel Taylor

10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg Idaho

11. Color or race White 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) .....

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Fireman

16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Pearl ~~Pearl~~ Butler

19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg Idaho

20. Color or race White 21. Age at last birthday 38 (years)

22. Birthplace (city or place) (State or Country) Montana Not Know

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work May 30, 1927 26. Total time (years) spent in this work 15 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) five
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation no { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or ~~Stillborn~~) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Doctor H[illegible]th, M. D.

or ..... Midwife

Address Kellogg Hospital

Filed November 10, 1940 Mae G. Atwood Registrar.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Certified Copy issued Nov. 7, 1940. E.W.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Sacramento } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Pearl Bell Taylor being first duly sworn says that she is the mother of Orvel Wavul Taylor
(Relationship of child)*

born March 20, 1909 at Kellogg, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Orvel Wavul Taylor hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Kennith M. D. was the Midwife medical attendant at the birth of said Orvel Wavul Taylor and that the said medical attendant is cannot be located - certificate attached
(Now deceased (or) cannot be located)

Name of Affiant Pearl Bell Taylor
P. O. Address R.R. 6 Box 5901

Subscribed and sworn to before me this 15th day of October, 1940

Virgie Oehler
Notary Public.

Residing at 908 - 7th Street, Sacramento, ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Amended 8-10-70

1. PLACE OF BIRTH

County of Jefferson

City of Poplar

No. 4653 122 026 413 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301540

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Bert J. Wetzel

3. Sex Male

If plural births: 4. Twin, triplet, or other +/- 5. Number, in order of birth —

6. Premature — Full term X

7. Legitimate? yes

8. Date of birth July 22, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Howard Wetzel	18. Full maiden name Maude Ellen Mattson
10. Residence (usual place of abode) (If non-resident, give place and State) Poplar, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Poplar, Ida.
11. Color or race W. | 12. Age at last birthday 34 (years)	20. Color or race W. | 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Virginia	22. Birthplace (city or place) (State or Country) Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Self	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know

28. Number of children of this mother (At time of this birth and including this child) 3

(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Nov. 8, 1940 193.... Mae G. Atwood
Registrar.

Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Jefferson } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Maude Wetzel being first duly sworn says that is the mother (Relationship of child)* of Bert J. Wetzel born July 22 1909 (Date of birth) at Poplar, Idaho, whose certificate of birth is hereto attached, and that Maude Wetzel desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Bert J. Wetzel hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that no M.D. that Mrs. M.A. Freeze, now dead (M. D. was the Midwife) medical attendant at the birth of said Bert J. Wetzel and that the said medical attendant is deceased. (Now deceased (or) cannot be located)

Name of Affiant Maude Wetzel

P. O. Address Rigby, Idaho.

Subscribed and sworn to before me this 4 day of November, 1940

Basil R. Bennett
Notary Public.

Residing at Rigby, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 301540'

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Bert J. Wetzel (Name on Original Certificate) who was born (Was Born or Died) on July 22, 1909 (Date of Event)

in ~~John Hawk~~ Poplar (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
item #13	Utah	Virginia

Subscribed and sworn to before me this tenth day of August, 19 70.

Notary Public, residing at

My commission expires

(Seal)

Signed Louise Hill

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this tenth day of August, 19 70.

Notary Public, residing at Notary Public Residing at Boise, Idaho

My commission expires My Commission Expires July 25, 1974

(Seal)

Signed Joe R. Williams

(Signature of Any Credible Person)

State House Boise Idaho

(Street Address, City, State)

FORM DH 60-155

in office 8-10-70

birth certificate #10712 for sister lists birthplace of father as Virginia. VS

683-213016-695

30154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301549
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Burley
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Burley, Ida.

4. **FULL NAME OF CHILD** Dorothy Grace Wylie
5. Date of Birth (Month, day, year) April 13, 1909
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clyde K. Wylie
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Fulton (City or town) Iowa (State or foreign country)
14. Exact Occupation Teacher & Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Freeman
17. Color or Race white
18. Age at time of THIS birth 35 years
19. Birthplace Farley (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ...., (First name) (Last name) who is related to this child as ....(Mother)

Mae G. Atwood

26. (a) Nov. 12, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or .... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Clyde K. Wylie, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dorothy Grace Wylie (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Laughlin (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Clyde K. Wylie Name

Meridian, Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of November, 1940.

(SEAL) Beth Pendleberry Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Nov. 12, 1940 L. B. 1 copy

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-102 014-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 301557

State File No. 301557
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county 2 years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Nampa Ida
3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Jack Beckman Strauss
5. Date of Birth (Month, day, year) Feb 2 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Strauss
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Manchester, (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Cigar Manufacturer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Beckman
17. Color or Race white
18. Age at time of THIS birth 22 years
19. Birthplace (City or town) So. Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2nd. (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother) Mae G. Atwood

26. (a) Nov. 14, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on by (Registrar's signature) Bureau of Vital Statistics

25. Attendant's OWN signature J H Murray M.D. or (D.O., Midwife, etc.)
and address Nampa Ida Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am (Related to (or) acquainted with) ..... (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Name

P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1 copy issued 11/14/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. ..... St. .....
(If born in hospital or institution give name.)

AUG 26 1941

2. FULL NAME OF CHILD Jack Beckman Strauss

3. Sex Male

If plural births: 4. Twin, triplet, or other ? 5. Number, in order of birth ?

6. Premature ..... Full term Yes

7. Legitimate Yes

8. Date of birth Feb. 2, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Jacob Strauss	18. Full maiden name Lottie Beckman
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Nampa Ida.
11. Color or race White 12. Age at last birthday 36 (years)	20. Color or race White 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or country) Manchester Penna	22. Birthplace (city or place) (State or country) So Dakota
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sol Ag Nit

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

AUG 26 1941

(Signed) J. H. Murray, M. D.

or ....., Midwife

Address Nampa Idaho

Filed ....., 193.... .....
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

...NLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

419-108 001 418

301562

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301562

1. PLACE OF BIRTH
County of Ada
City of Boise
No. South 17th Street St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William Ralph Marsh

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth June 8, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name William Alfred Marsh	18. Full maiden name Minnie Pearl Maynard
10. Residence (usual place of abode) (If non-resident, give place and State) Boise	19. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race W | 12. Age at last birthday 42 (years)	20. Color or race W | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Iowa	22. Birthplace (city or place) (State or Country) Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at P. M. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) John Boise, M. D.
or ....., Midwife
Address Boise
Filed November 14, 1940 Mae G. Atwood
Registrar.

Mae G. Atwood
Bureau of Vital Statistics

264-205 018 814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301575
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Clearwater (b) City Orofino
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years 4 months ..... days.

NOV 13 1940

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address
3. RESIDENCE OF FATHER (city, state) Orofino, Ida

4. FULL NAME OF CHILD Ruby Margaret Bounds
5. Date of Birth (Month, day, year) May 5, 1909
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Obie Roy Bounds
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Marengo (City or town) Washington (State or foreign country)
14. Exact Occupation Carpentry
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Hammond
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Clay Center (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother)

Mae G. Atwood

26. (a) Nov. 13, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
County of Ventura } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ethel Bounds, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Ruby Margaret Bounds (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Cannot Remember (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ethel Bounds ..... Name
1616 Ventura, Ave. Ventura ..... P. O. Address

Subscribed and sworn to before me on this 6th day of November, 1940

(SEAL) ..... Notary Public, residing at Ventura, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A132-119 016 236

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

301595

CERTIFICATE OF BIRTH

NOV 9

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Cassia
City of Albion
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stokes, Albertson LuMar Serle

3. Sex

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth 1

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth March 19 1909 (Month, Day, Year)

FATHER

9. Full name Albertson, Clarence

10. Residence (usual place of abode) (If non-resident, give place and State) Albion

11. Color or race White 12. Age at last birthday ..... (years)

13. Birthplace (city or place) Albion (State or Country) Cassia Co. Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 3 yrs.

MOTHER

18. Full maiden name Stokes, Ora Delphine

19. Residence (usual place of abode) (If non-resident, give place and State) Albion

20. Color or race White 21. Age at last birthday 17 (years)

22. Birthplace (city or place) Albion (State or Country) Cassia Co. Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....
Filed Nov. 9, 1940, 193.... Mae G. Atwood Registrar.

Mae G. Atwood
Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Esther Jane Stokes being first duly sworn says that she is the Grandmother of Serle La Mar Alberson Stokes
(Relationship of child)*

born March 19-1909 at Albion, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Esther Jane Stokes desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Serle La Mar Alberson Stokes hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Richard Storey. M. D. ~~was the~~ ~~Midwife~~ medical attendant at the birth of said Serle La Mar Alberson Stokes and that the said medical attendant is (now deceased)
(Now deceased (or) cannot be located)

Name of Affiant Esther Jane Stokes.

P. O. Address 6521 Gundry Ave Long Beach Calif

Subscribed and sworn to before me this 26th day of September, 1940.

Clara Bush
Notary Public.

Residing at Long Beach Calif, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1 copy 11/15/40 L.B.

215-109-014-5-56

301665

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301665
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Parker Newman Savage
5. Date of Birth (Month, day, year) May 9, 1909
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Edwin Forrest Savage
11. Color or Race W
12. Age at time of THIS birth 32 yrs.
13. Birthplace Cooksville, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Newman
17. Color or Race W
18. Age at time of THIS birth 28 yrs.
19. Birthplace Cooksville, Wis. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Nov. 18, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edwin F. Savage, being first duly sworn, say that I am related (Related to (or) acquainted with) Parker Newman Savage (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that H. B. Ross M.D. (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edwin F. Savage Signature
Box 135, New Meadows, Ida. P. O. Address

Subscribed and sworn to before me on this 18 day of Nov. 1940, 19
(SEAL) Ruth Ondelburg Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-213-040-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301678
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: Shoshone
(a) County Wardner A. (b) City Wardner
(c) Street Address or R.F.D. No. Main St.
(d) Name of Hospital or Maternity Home: none
Confined at mother's home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home x days.
In THIS county 21 years 4 months days.

NOV 15 1940

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Mullan
Street Address or R.F.D. No. Earl Ave
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address Mullan, Idaho
3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Verona Agnes Presley
5. Date of Birth (Month, day, year) Feb. 13 - 1909
6. Sex Female
7. Twin or Triplet Single If so—born 1st, 2nd, 3rd X
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Francis Presley
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Westernport (City or town) Maryland (State or foreign country)
14. Exact Occupation Missing
15. Industry or Business x

MOTHER OF CHILD

16. FULL MAIDEN NAME Inez Dora Locher
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace Aten (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum x
23. Number of children of this mother: (a) At time of birth and including this child x (b) Born alive and now living x
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Mae G. Atwood

26. (a) Nov. 15, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Inez Dora Presley, being first duly sworn, say that I am related (Related to (or) acquainted with) Verona Agnes Presley (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Matchette (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Inez Dora Presley ..... Name
202 Republican, Seattle, Wash. ..... P. O. Address

Subscribed and sworn to before me on this 13th day of November, 1940

(SEAL) Mrs. Hilliard Davis Notary Public, residing at Seattle Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-104-028-257

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301691
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R F D No. 210 Wallace Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days. at own home
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 210 Wallace
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address 210 Wallace Ave
3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Ida

4. **FULL NAME OF CHILD** Robert Knapp Searls
5. Date of Birth (Month, day, year) Mar. 4, 1909
6. Sex. male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Guy Clinton Searls.
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Carr Paw. (City or town) Mich. (State or foreign country)
14. Exact Occupation Steam engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora M Knapp.
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace Decatur (City or town) Mich. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.) Mae D. Atwood

26. (a) Nov. 16, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora Searls, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Knapp Searls (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Max Dorland (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cora Searls Name
E. 1495 N. Crescent Spokane Wash. P.O. Address

Subscribed and sworn to before me on this ..... day of MAR 14 1940

(SEAL) C. A. Lagn Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified copy issued Nov. 22, 1940. L.W.

445-126-025-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301737
Local Reg. No.
Reg. Dist. No.

Idaho NOV 20 1940 White Bird, Ida.

1. **PLACE OF BIRTH**
(a) County ~~Nez Perce~~ (b) City [redacted]
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 31 years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Pere
(c) City
(d) Street Address or R.F.D. No. 17II-7 Ave.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address Lewiston, Ida.

3. **RESIDENCE OF FATHER** (city, state) dead

4. **FULL NAME OF CHILD** Hollis R. Dunham

5. Date of Birth (Month, day, year) 9-26-'09

6. Sex. male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur Augustus Dunham
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace [redacted] (City or town) Ore. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minerva Carsner
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace John Day, (City or town) Ore. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ✓ (b) Born alive and now living
(c) Born alive and now dead ✓ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother) Mae G. Atwood

26. (a) Nov. 20, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ....(Registrar's signature) Bureau of Vital Statistics

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minerva Dunham King, being first duly sworn, say that I am related (Related to (or) acquainted with) Hollis R. Dunham (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Foskett (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minerva Dunham King ....Name
....P. O. Address

Subscribed and sworn to before me on this 18 day of Nov. 1940
(SEAL) John L. Phillips ....Notary Public, residing at Lewiston, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-128-000-816

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 30 1948

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301748
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Washington (b) City: Midvale
(c) Street Address or R.F.D. No.: Star Route
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: At home
In Hosp. or Mat. Home ..... days.
In **THIS** county: 4 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Washington
(c) City: Weiser
(d) Street Address or R.F.D. No.: 931 E. Commercial
(e) How long has **MOTHER** lived in Idaho? 33 yrs.
(f) Mother's mailing address: Weiser, Idaho

3. **RESIDENCE OF FATHER** (city, state): deceased

4. **FULL NAME OF CHILD:** Virgil Lawrence Cary

5. Date of Birth (Month, day, year): Dec. 28 – 1909

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Marion Jasper Cary
11. Color or Race: White
12. Age at time of THIS birth: 32 yrs.
13. Birthplace: Pullman (City or town) Washington (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Lucy Alena Hawks
17. Color or Race: White
18. Age at time of THIS birth: 26 years
19. Birthplace: Greenville (City or town) Illinois (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: none
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3 (c) Born alive and now dead: 2 (d) Stillborn:

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother) Mae G. Atwood

26. (a) Nov. 26, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucy Alena Cary, being first duly sworn, say that I am related to (Related to (or) acquainted with) Virgil Lawrence Cary (Name of person on certificate above) as his Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Nuema (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lucy Alena Cary — Name
Weiser, Idaho — P. O. Address

Subscribed and sworn to before me on this 25 day of November, 1940

(SEAL) John J. Pearce — Notary Public, residing at Weiser, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

301751

State File No. 301751

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Jerome (b) City Lincoln
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address Jerome, Idaho

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Donald Parry Carver

5. Date of Birth (Month, day, year) Nove. 27, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Edward Carver
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Transfering
15. Industry or Business Transfer Line

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Parry
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

Mae G. Atwood

26. (a) 11/27/40 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary A. Carver, being first duly sworn, say that I am related to (Related to (or) acquainted with) Donald Parry Carver (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Schmershall (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Ann Carver — Signature
Jerome Idaho — P. O. Address

Subscribed and sworn to before me on this 27th day of November, 1940

(SEAL) Beth Pendleton Notary Public, residing at Boise Idaho

11/27/40 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

dup of 1909-DSL6-201

466-121-135-745

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301774
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County NEZPERSE (b) City LEWISTON
(c) Street Address or R.F.D. No. 6 ST.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 11 days. In **THIS** county 2 years — months days.

RECEIVED NOV 18 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State WASHINGTON (b) County OKANOGAN
(c) City BREWSTER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address BREWSTER WASH.

3. **RESIDENCE OF FATHER** (city, state) BREWSTER WASH.

4. **FULL NAME OF CHILD** Clyde Arcade Dowell
5. Date of Birth (Month, day, year) FEB 21st 1909
6. Sex MALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** LESTER SAMUEL DOWELL
11. Color or Race WHITE
12. Age at time of THIS birth 22 yrs.
13. Birthplace (City or town) POLK County (State or foreign country) MISSOURI
14. Exact Occupation
15. Industry or Business BARBER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EVALENA GREENAWAY
17. Color or Race WHITE
18. Age at time of THIS birth 19 years
19. Birthplace (City or town) ATHENA (State or foreign country) OREGON
20. Exact Occupation Home WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN (born alive, stillborn) at 7 A.M. [redacted] the date and at the place stated above, and that personal particulars were furnished by EVELENA GREE[redacted] (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Nov. 18, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Okanogan }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Lester Samuel Dowell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clyde Arcade Dowell (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. MORRIS (Name of attendant at birth), who attended said birth is now deceased (*He now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lester Samuel Dowell Name
Brewster, Wash. P. O. Address

Subscribed and sworn to before me on this 14 day of Nov., 1940
(SEAL) Hugh S. Morris Notary Public, residing at Brewster, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

246-11-076-294

301820

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County: Oneida (b) City: Weston
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Oneida
(c) City: Weston
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address: Weston, Idaho
3. **RESIDENCE OF FATHER** (city, state): Weston Ida

4. **FULL NAME OF CHILD:** Darrell Lee Crockett
5. Date of Birth (Month, day, year): Aug-11-1909
6. Sex: Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Royal A. Crockett
11. Color or Race: White
12. Age at time of THIS birth: 23 yrs.
13. Birthplace: Preston (City or town) Idaho (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Florence Crosby Simmonds
17. Color or Race: White
18. Age at time of THIS birth: 21 years
19. Birthplace: Cornish (City or town) Cache Co. Utah (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother) Mae G. Atwood

26. (a) Nov. 20, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added by Registrar of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of: Utah
County of: Cache } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Florence C. S. Crockett being first duly sworn, say that I am mother (Related to (or) acquainted with) Darrell Lee Crockett (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Emery M. D. (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Florence C. S. Crockett ..... Name
94 W 3 North Logan Utah ..... P. O. Address

Subscribed and sworn to before me on this 16 day of November, 1940

(SEAL) Will V. Thompson Notary Public, residing at Logan, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

844-153-003858

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 22 1940

302803

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County: Bannock (b) City: Pocatello
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State: Idaho (b) County: Bannock
(c) City: Pocatello
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho?: 2 yrs.
(f) Mother's mailing address.
3. RESIDENCE OF FATHER (city, state): Pocatello Idaho

4. FULL NAME OF CHILD: Carleton Henry Humphrey
5. Date of Birth (Month, day, year): Jan 3-1909
6. Sex: Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Arthur James Humphrey
11. Color or Race: White
12. Age at time of THIS birth: 35 yrs.
13. Birthplace: Monson (City or town) Maine (State or foreign country)
14. Exact Occupation: Machinist
15. Industry or Business: Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME: Almeda Frances Heywood
17. Color or Race: White
18. Age at time of THIS birth: 31 years
19. Birthplace: Florida (City or town) Massachusetts (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 2 (c) Born alive and now dead: 1 (d) Stillborn: none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother)

Mae G. Atwood

26. (a) Nov. 22, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

27. Given name added on.....by.....(Registrar's signature)

Bureau of Vital Statistics

State of Illinois
County of Rock Island } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Almeda Humphrey, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Carleton Humphrey (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Castle (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Almeda Humphrey Name

734 20th St Rock Island Illinois P. O. Address

Subscribed and sworn to before me on this 9th day of November, 1940

(SEAL) Lillie M. Brown, Notary Public, residing at Rock Island, Ill.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-111 036-249

United States
Department of Commerce
Bureau of the Census

NOV 22 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 302817
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Oneida (b) City Cherry Creek
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Cherry Creek
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Cherry Creek
3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD Owen John Grimley
5. Date of Birth (Month, day, year) Feb 11th 1909
6. Sex F
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Henry John Grimley
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Rhymney, Mon, Wales, G.B. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Martha Burkhardt
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Delsberg, Switzerland (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henry John Grimley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Owen John Grimley (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Susanna Jardine (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Henry John Grimley Signature
1818 Newell St, National City Calif P.O. Address

Subscribed and sworn to before me on this 19 day of November 1940.
(SEAL) Notary Public, residing at National City Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/17/71

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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692-103-014-92

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO NOV 25 1940

State File No. 302826
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4-5 yrs.
(f) Mother's mailing address Eagle Idaho
3. RESIDENCE of FATHER (city, state): Eagle, Idaho

4. FULL NAME OF CHILD Thomas Herbert Fisher
5. Date of Birth (Month, day, year) February 3-1909
6. Sex boy
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Ezra Fisher
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Poweshiek County, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer - janitor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Belle Aikens
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Eagle (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living ~~one~~
(c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother) Mae G. Atwood

26. (a) NOV 28 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara Belle Aikens Fisher, being first duly sworn, say that I am related to (Related to (or) acquainted with) Thomas Herbert Fisher (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Gue of Caldwell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Clara Bell Aikens Fisher — Signature
Eagle Idaho — P. O. Address

Subscribed and sworn to before me on this 22nd day of November, 1940.
(SEAL) James Martin, Jr. — Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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144-11-028 866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 25 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 302831
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residential Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home None days.
In THIS county 7 years 6 month 9 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Harrison
3. RESIDENCE of FATHER (city, state): Harrison Ida.

4. FULL NAME OF CHILD Charles Preston Addington
5. Date of Birth (Month, day, year) April 11, 1909
6. Sex Male
7. Twin or Triplet ✓
If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Winfield Scott Addington
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Osborn's Ford, Virginia (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Alice Howerton
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Newfoundland Kentucky (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 25 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. S. Addington, being first duly sworn, say that I am father (Related to (or) acquainted with) Charles Preston Addington (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bushee (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

W. S. Addington Signature
Harrison Ida. P. O. Address

Subscribed and sworn to before me on this 22 day of Nov, 1940.
(SEAL) M A Kiger Notary Public, residing at Harrison Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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285 110 010-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302845
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: NOV 26 1940
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Idaho Falls

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Walter Ray Sheets

5. Date of Birth (Month, day, year) August 10, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mon.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David E. Sheets
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes R. Patterson
17. Color or Race white
18. Age at time of THIS birth 29 years
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) Nov. 26 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Agnes R. Sheets, being first duly sworn, say that I am Related ~~the mother of~~ (Related to (or) acquainted with) Walter Ray Sheets (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that S. S. Fuller (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Agnes R. Sheets ....Name
329 So. Sixth St., Alhambra, Calif. ....P. O. Address

Subscribed and sworn to before me on this 25th day of October, 1940

(SEAL) ....Notary Public, residing at San Gabriel, Calif.
My Commission Expires January 12, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 11-29-40 - mlp

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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594 112 044 556

United States
Department of Commerce
Bureau of the Census

RECEIVED NOV 19 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302849
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Washington (b) City Weiser
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ✓ days. In **THIS** county ✓ years ✓ months 35 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (a) State Iowa (b) County Wapello
(c) City Eddyville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Weiser, Idaho
3. **RESIDENCE OF FATHER** (city, state) Weiser

4. **FULL NAME OF CHILD** PERRY-TRACY-EIDSON
5. Date of Birth (Month, day, year) Oct 12-1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy None
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** BARNEY EIDSON
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Indianapolis (City or town) Iowa (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Louisa Newell
17. Color or Race White
18. Age at time of THIS birth 33 years
19. Birthplace Eddyville (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ~~Carpenter~~ Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes
23. Number of children of this mother: (a) At time of birth and including this child FOUR (b) Born alive and now living
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Louise Eidson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Nov. 19, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** Joseph R. Neuenhers M.D. or (D.O., Midwife, etc.)
and address Weiser Date 11/22/40

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-Class postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires payment of fifty cents, money order or coin. for filing.

c.c. 6/18/41 w.n.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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469-213025-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302851
Local Reg. No. 37
Reg. Dist. No. 240

1. **PLACE OF BIRTH:** (a) County Idaho (b) City Grangeville
(c) Street Address or R F D No. none-farm
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. In **THIS** county 23 years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. 710 S State St
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Grangeville
3. **RESIDENCE OF FATHER** (city, state) Grangeville

4. **FULL NAME OF CHILD** Prudence Florence Morgan
5. Date of Birth (Month, day, year) Aug 13 1909
6. Sex female
7. Twin or Triplet no If so—born 1st, 2nd, 3rd --
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Owen Morgan
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Linn County, Oregon (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business wheat farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Belle Wilkins
17. Color or Race white
18. Age at time of THIS birth 28 years
19. Birthplace Benton County, Arkansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Nov. 18 1940 (Date received) (b) B Christensen (Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.) and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Dora Morgan, being first duly sworn, say that I am related to (Related to (or) acquainted with) Prudence Florence Morgan (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that G. S. Stockton, M.D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Dora Morgan ....Name
Grangeville, Idaho ....P. O. Address

Subscribed and sworn to before me on this 19 day of November 1940

(SEAL) N Rothwell ....Notary Public, residing at Grangeville

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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213 122-025-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302858
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Idaho (b) City Clearwater
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ....days. In THIS county 23 years ....months ....days.

NOV 26 1940

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address Clearwater
3. RESIDENCE OF FATHER (city, state) Clearwater

4. FULL NAME OF CHILD Freddie Edward Baldwin
5. Date of Birth (Month, day, year) 5/22/1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred James Baldwin
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ky. (City or town) (State or foreign country)
14. Exact Occupation Worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jarel Ella Jones
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Clearwater Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living Yes
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother etc.) Mae G. Atwood

Nov. 27, 1940
26. (a) 12-27-4[redacted] (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alfred James Baldwin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Freddie Edward Baldwin (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alfred James Baldwin ..... Name
Kooskia Idaho ..... P. O. Address

Subscribed and sworn to before me on this 25 day of November, 1940

(SEAL) E. F. Overland ..... Notary Public, residing at Kooskia Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12/27/40 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin, guardian, or some person having direct knowledge in the premises.

736-15-034-994

302879

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 302879

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 4 1940

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Minidoka (b) City Heyburn
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years 2 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Heyburn
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Heyburn Idaho

3. RESIDENCE of FATHER (city, state): Heyburn Idaho

4. FULL NAME OF CHILD Paul Arthur Plowman

5. Date of Birth (Month, day, year) Oct. 15, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Arthur Plowman
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Freeport (City or town) Illinois (State or foreign country)
14. Exact Occupation Building Contractor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Etta Ridenour
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Colesburg (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

Mae G. Atwood

26. (a) Dec. 4, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Etta Plowman, being first duly sworn, say that I am ~~present~~ Related to (~~Related to~~ (or) acquainted with) Paul Arthur Plowman (Name of person on certificate above) as ~~Father~~ Mother ~~Son~~ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Killen (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Etta Plowman Signature

Skykomish, Wash., P. O. Address

Subscribed and sworn to before me on this 2nd day of December, 19 40

(SEAL) Notary Public, residing at Skykomish, Wn.,

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-104 014-256

302891

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302891
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at farm home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county 4 years + month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 + yrs.
(f) Mother's mailing address Caldwell
3. RESIDENCE of FATHER (city, state): Same.

4. FULL NAME OF CHILD Donald Summer Brown
5. Date of Birth (Month, day, year) March 4 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME William Samuel Brown
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Richmond, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Knowlton
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace New Sharon Iowa (City or town) (State or foreign country)
20. Exact Occupation Home-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I William S Brown, being first duly ~~sworn~~ affirmed, say that I am related to (Related to (or) acquainted with) Donald S Brown (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Samuel Brown Signature
1410 Nth 12 St Boise Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of December, 1940.
(SEAL) Betty L. Wright Notary Public, residing at Boise Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294 101 004155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302908

Local Reg. No.

Reg. Dist. No.

NOV 27 1940

1. PLACE OF BIRTH: (a) County Bear Lake (b) City Eight Mile
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Birth at family residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Eight Mile
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Soda Springs Idaho

3. RESIDENCE of FATHER (city, state): Eight Mile Ida

4. FULL NAME OF CHILD Vivan T. Simmons

5. Date of Birth (Month, day, year) Aug 1, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jodie E. Simmons
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Eight Mile (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching (deceased 10/20/1938 at Eight Mile)

MOTHER OF CHILD

16. FULL MAIDEN NAME Amelia Jensen
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Draper (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as ..... (Mother, etc.)

26. (a) Nov. 26, 1940 (Date received) (b) [redacted] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Ellis Kackley M.D. (D.O., Midwife, etc.)
and address Soda Springs, Idaho Date 11-26-40

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-217-001 816

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

302925

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Star, Ida
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Vern. R Moore

3. Sex F M. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth May 17, 1909. (Month, Day, Year)

FATHER	MOTHER
9. Full name C R Moore	18. Full maiden name Hattie Mabel Hawk
10. Residence (usual place of abode) (If non-resident give place and State) Star, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Star, Ida.
11. Color or race W	12. Age at last birthday 34 (years)
20. Color or race W	21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Worthington, Minn	22. Birthplace (city or place) (State or Country) Greenfield, Iowa.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work ....., 1913	17. Total time (years) spent in this work 20 yrs.
25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work 8 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was May 17 1909 at 7 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) O W Hall, M. D.

or ....., Midwife

Address Meridian Ida

Give name added from a supplemental report .....

(Date of) .....

Filed Nov. 28, 1940 193.. Mae G. Atwood
Bureau of Vital Statistics Registrar.

Registrar.

Certified Copy issued Dec. 3, 1940. E.M.

281 214 029-267

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 30 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

302946

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Latah (b) City: Moscow 2 miles N. of
(c) Street Address or R.F.D. No.: 3
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county: 11 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Latah
(c) City: 2 miles North of Moscow
(d) Street Address or R.F.D. No.: 3
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address: Moscow Ida. R.F.D. 3
3. **RESIDENCE OF FATHER** (city, state): same

4. **FULL NAME OF CHILD:** Viola Lovina Shallop
5. Date of Birth (Month, day, year): Feb. 4 - 1909
6. Sex: Female
7. Twin Triplet: Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 8
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** Henry E. Shallop
11. Color or Race: white
12. Age at time of THIS birth: 54 yrs.
13. Birthplace: Hamberg (City or town) Prussia (State or foreign country) Germany
14. Exact Occupation: Butcher
15. Industry or Business: Butcher

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Gertrude Mary Soper
17. Color or Race: white
18. Age at time of THIS birth: 23 years
19. Birthplace: Bradford (City or town) Penna (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business: Home making

22. Name prophylactic used to prevent Ophthalmia Neonatorum: none
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3
(c) Born alive and now dead: none (d) Stillborn: none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Gertrude M. Shallop (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) Nov. 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature** Lena Rowbolt ~~M.D.~~ or Neighbor (D.O., Midwife, etc.)
Present address Mt. Vernon Wash. Date Oct. 29 '40

27. Given name added on ..... by ..... (Registrar's signature)

Bureau of Vital Statistics

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Name

..... P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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853-108-014854

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 3 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

302953

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City New Plymouth
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City R.F.D. New Plymouth
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address R.F.D. New Plymouth, Idaho
3. **RESIDENCE OF FATHER** (city, state) R.F.D. New Plymouth Idaho

4. **FULL NAME OF CHILD** George Henry Heckes
5. Date of Birth (Month, day, year) Aug. 8, 1909
6. Sex Male
7. Twin or Triplet –
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Heckes
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Dusseldorf (City or town) Germany (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorthea Tenhagen Andersen
17. Color or Race White
18. Age at time of THIS birth 34 years
19. Birthplace Schweidnitz, Holstein (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business –

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother)

Mae G. Atwood

26. (a) Dec. 3, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on.....(Registrar's signature) Bureau of Vital Statistics

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dorthea T. Tice, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Henry Heckes (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ida Taylor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Dorthea T. Tice .....Name

.....P. O. Address

Subscribed and sworn to before me on this 2nd day of December, 1940

(SEAL) Helen L. Hamm .....Notary Public, residing at Payette, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249 131 044 437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 3 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 302977
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Cambridge
3. RESIDENCE of FATHER (city, state): Cambridge

4. FULL NAME OF CHILD Wabern Wayne Smith
5. Date of Birth (Month, day, year) July 31st. 1909
6. Sex male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles H. Smith
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Frankford, (City or town) Kentucky (State or foreign country)
14. Exact Occupation General Merchandise
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marmie Jane McGinnis
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace St Louis (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 7:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Charles H. Smith (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Dec. 3, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature Chas H Smith MD.
and address Weiser, Ida. Date Father Nov. 30th 1940

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles H. Smith, being first duly sworn, say that I am Father related (Related to (or) acquainted with) Wabern Wayne Smith (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Chas. Schmitz (Name of attendant at birth) attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Chas H Smith Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of November, 19 40

(SEAL) Ray Wilson Notary Public, residing at Weiser, Idaho
Washington County Recorder

Use only WHITE ACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12/9/40 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

302989

States
Department of Commerce
Bureau of the Census
296-203-042-813

(Be sure the information is as of date of birth of THIS child)

DEC 3 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Kimberley
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Kimberley
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Helen Lucile Smith

5. Date of Birth (Month, day, year) Dec. 3, 1909

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Albert Milton Smith
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Springfield, (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva Cynthia Hall
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace Wichita, (City or town) Kansas. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother) Mae G. Atwood

26. (a) December 3, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Paul James Smith, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Lucile Smith (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth) who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Paul James Smith Name
305-C Newmark Monterey Park Calif. P.O. address

Subscribed and sworn to before me on this 26 day of November 1940

(SEAL) Gladys E. Farrell Notary Public, residing at 566 Sorrento Dr Long Beach, Cal.

My Commission expires Sept 15-1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 12-7-40 mp

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

303093

DEC 3 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. 141 Local Registrar's No. 155

1. PLACE OF BIRTH
County of Shoshone
City of Osburn Idaho
No. 713/29 040-133 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD William Stephen Patterson

3. Sex Boy

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Nov 29th 1909 (Month, Day, Year)

FATHER

9. Full name Cassius M. Patterson

10. Residence (usual place of abode) (If non-resident, give place and State) Osburn Idaho

11. Color or race .....

12. Age at last birthday 47 (years)

13. Birthplace (city or place) (State or Country) Columbus Ohio.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mary Lucy Allen

19. Residence (usual place of abode) (If non-resident, give place and State) Osburn Idaho

20. Color or race .....

21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) Syria

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hsw.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 9 (At time of this birth and including this child)
(a) Born alive and now living 9 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 10 A. m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....
Registrar.

(Signed) ....., M. D.

or Sadie Allen, Midwife

Address Osburn Idaho

Filed Dec 2, 1940 John A Bow
Registrar.

386-125 022-234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 5 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

303034

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Freemont (b) City Plano
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 4 years 6 months 14 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Freemont
(c) City Plano
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Rexburg

3. **RESIDENCE OF FATHER** (city, state) Plato Idaho

4. **FULL NAME OF CHILD** Victor Thompson

5. Date of Birth (Month, day, year) August 25, 1909

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Norman Thompson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Walker (City or town) Missouri (State or foreign country)
14. Exact Occupation Farm laborer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Stuart
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Wellville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living One
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.) Mae G Atwood

26. (a) Dec. 5, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.) and address Date

State of Oregon
County of Baker } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Norman Thompson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Victor Thompson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Carl J. Peterson (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Norman Thompson Name
Richland Oregon P. O. Address

Subscribed and sworn to before me on this 3rd day of December 1940

(SEAL) Phyl H. Bass Notary Public, residing at Richland Oregon
My comm. Exp. 8/15/41

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12/11/40 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

399.131 025 8A

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 6 1940

State File No. 303066
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Albert Morris Crim
5. Date of Birth (Month, day, year) October 31, 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William A. Crim
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Adams County, Iowa (City or town) (State or foreign country)
14. Exact Occupation Placer Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Oneida Harper
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by William A. Crim (First name) (Last name), who is related to this child as father (Mother, etc.)

Mae G. Atwood

26. (a) Dec. 6, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ____ by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Salmon, Idaho Date 12/4/40

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William A. Crim, being first duly sworn, say that I am related to (Related to (or) acquainted with) Albert Morris Crim (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stockton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x William A. Crim Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of December, 19 40
(SEAL) Frederick Hughes Smith Notary Public, residing at Salmon, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

897 106 1009-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

303087

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County.....Bonner..... (b) City.....Sand Point
(c) Street Address or R.F.D No.....Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home....x....days.
In **THIS** county.....years....7....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State.....Idaho..... (b) County.....Bonner
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?....1....yrs.
(f) Mother's mailing address.....Sagle Idaho
3. **RESIDENCE OF FATHER** (city, state).....Sagle Idaho

4. **FULL NAME OF CHILD**.....William Walter Hightower
5. Date of Birth (Month, day, year).....Feb. 6, 1909
6. Sex.....male
7. Twin or Triplet.....no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy.....9
9. Legitimate?.....yes

FATHER OF CHILD

10. **FULL NAME**.....Thomas Andrew Hightower
11. Color or Race.....white
12. Age at time of THIS birth.....23.....yrs.
13. Birthplace.....Coker Creek (City or town) Tenn. (State or foreign country)
14. Exact Occupation.....Farming
15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME**.....Birdie Ann Long
17. Color or Race.....
18. Age at time of THIS birth.....18.....years
19. Birthplace.....Coker Creek (City or town) Tennessee (State or foreign country)
20. Exact Occupation.....House wife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....None..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....born (born alive or stillborn) at.....10 P.M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother) Mae G. Atwood

26. (a).....Dec. 10, 1940 (Date received) (b).....Mae G. Atwood (Registrar's signature)

27. Given under my hand and seal of Vital Statistics by.....(Registrar's signature)

25. Attendant's **OWN signature**.....not living.....M.D. or.....(D.O., Midwife, etc.)
and address..... Date

State of.....Colorado.....
County of.....Montezuma..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I.....Birdie A. Hightower....., being first duly sworn, say that I am.....the mother.....(Related to (or) acquainted with)
William Walter Hightower (Name of person on certificate above) #s.....(State relationship or acquaintance)..... whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....Mary Ann Long.....(Name of attendant at birth), who attended said birth.....is deceased.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Birdie A. Hightower.....Name
.....Cortez, Colorado.....P. O. Address

My Commission Expires March 1, 1941
Subscribed and sworn to before me on this.....7th.....day of.....December, 1940.....
(SEAL) .....Notary Public, residing at.....Cortez, Colorado.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-209 022-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 9 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 303107
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 9 years 3 month 15 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address St. Anthony, Idaho
3. RESIDENCE of FATHER (city, state) St. Anthony, Ida

4. FULL NAME OF CHILD Woodie Lee Miller
5. Date of Birth (Month, day, year) 6-9-1909
6. Sex Female
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Woods Lee Miller
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Gallatin (City or town) Tennessee (State or foreign country)
14. Exact Occupation Mgr - Miller Grs
15. Industry or Business grain business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Giles Barclay
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Bowling Green (City or town) Kentucky (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Dec 9, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature) Director

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, F.C. Sturdevant, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Woodie Lee Miller (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. M. M. Harshbarger (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

F.C. Sturdevant Signature
St. Anthony Idaho P. O. Address

Subscribed and sworn to before me on this 5 day of December, 1940

(SEAL) W. L. Anderson Notary Public, residing at Notary Public, Residing at St. Anthony

Notary Public, Residing at St. Anthony, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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789-127 001-792

303128

303128

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ____ St. At parents Home
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Daniel B. Phipps

3. Sex Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? Yes

8. Date of birth: 4/27, 1909 (Month, Day, Year)

FATHER

9. Full name J. L. Phipps

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida.

11. Color or race W | 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Arkansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Louise Pike

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida.

20. Color or race wh | 21. Age at last birthday 17 (years)

22. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) First
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at Noon m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should ~~make this~~ return.

(Signed) Drs. W. D. & J. S. Springer, M. D.
or ____, Midwife
Address Boise, Idaho

Give name added from a supplemental report

This record originally filed in Ada County Court House, Boise, Ida.

Certificate (Date of) No. 281
FILED without name (reason for this recording.)

Filed Dec. 17, 1940 193 Mae G. Atwood
Registrar.

Mae G. Atwood
Registrar.
Bureau of Vital Statistics

(Be sure the information is as of date of birth of THIS child)

State File No. 303141
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

693-125-001-255

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F D No. 516 S. 15th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years 5 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No. no street add.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** KENNETH H. WILLIAMS
5. Date of Birth (Month, day, year) Feb. 25th 1909
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** G.C. Williams
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia E. Benjamin
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Blackfoot Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Keeping house

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 12/20/40 (Date received) (b) Mae G. Atwood (Registrar's signature)
Mae G. Atwood

25. Attendant's **OWN** signature John Beck M.D. or ..... (D.O., Midwife, etc.)
and address Boise Ida Date 12-20-40

27. Given name added on ..... by ..... (Registrar's signature)
Bureau of Vital Statistics

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Julia E. Fielden, being first duly sworn, say that I am related to (Related to (or) acquainted with) KENNETH H. WILLIAMS (Name of person on certificate above) as mother (State relationship or acquainted), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Beck (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Julia E. Fielden Name

Now living in Boise, Ida. 1610 Daly Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me on this 13th day of December 1940

(SEAL) Julia Bader Notary Public, residing at Los Angeles, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail Copy in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Oneida

City of Weston

No. 962731-036-319 St.

(If born in hospital or institution give name.)

DEC 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

303169

Registration District No. 541 State File No.

Prim. Registration District No. 2119 Local Registrar's No.

2. FULL NAME OF CHILD Otho Edmund Rose

3. Sex Male

If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth

6. Premature; Full term X

7. Legitimate? X

8. Date of birth Aug 31, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Thomas Edmund Rose	18. Full maiden name Irene Larsen
10. Residence (usual place of abode) (If non-resident, give place and State) Weston	19. Residence (usual place of abode) (If non-resident, give place and State) same
11. Color or race W 12. Age at last birthday 25 (years)	20. Color or race W 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Weston Idaho	22. Birthplace (city or place) (State or Country) Coveville Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth During labor; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 2:20 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. W. Stater, M. D.

or , Midwife

Address Preston Idaho

Filed Dec 9, 1940 G. W. Stater Registrar.

Give name added from a supplemental report

(Date of)

Registrar.

12/20/40 L. B.

386 110 031 866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 203173
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: RECEIVED
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

DEC 11 1940

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Eight yrs.
(f) Mother's mailing address Nezperce Idaho
3. RESIDENCE of FATHER (city, state): Same

4. FULL NAME OF CHILD RALPH AYDEN THOMAS
5. Date of Birth (Month, day, year) 12-10-1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Ralph Thomas
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ames (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cynthia Jane Hoover
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Rock Rapids (City or town) Iowa (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at Six P. M. on the date and at the place stated above, and that personal particulars were furnished by Ralph Thomas (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Dec 9 - 1940 (Date received) (b) Albert Huff (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature O. A. Jeffreys M.D. (D.O., ~~Midwife, etc.~~)
and address 2623 Ellendale Los Angeles Cal Date 12-6-40

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12/20/40 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-22-025-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 303177
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** DEC 11 1940
(a) County: Idaho (b) City: Grangeville
(c) Street Address or R F D No.: ?
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Idaho
(c) City: Grangeville,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address: Grangeville, Idaho

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Idaho

4. **FULL NAME OF CHILD** Ernest Eaton BENTLEY

5. Date of Birth (Month, day, year) Aug. 22, 1909

6. Sex M. 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Orren Bentley
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Westmoreland, Kansas (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business General

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eunice Palmer
17. Color or Race White 18. Age at time of THIS birth 21 years
19. Birthplace Yates Center, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know
23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Dec. 11, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added by Bureau of Vital Statistic (Registrar's signature)

25. Attendant's **OWN signature** F. A. Campbell M.D. is deceased. M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eunice Bentley, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Ernest Eaton Bentley (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that F. A. Campbell M.D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased, (or) cannot be located) and that this birth has not been previously recorded, except as appears by annexed certified copy of record which does not state name of my son.

Eunice Bentley ..... Name
Canfield, Idaho. ..... P. O. Address

Subscribed and sworn to before me this 18th day of November 1940

(SEAL) ..... Notary Public, residing at Grangeville Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495107 035 534

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 303223
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Gifford
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 5 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Gifford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Gifford Id

4. **FULL NAME OF CHILD** Ralph Vernon Minden
5. Date of Birth (Month, day, year) May 7th 1909
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** William Wesley Minden
11. Color or Race
12. Age at time of THIS birth 24 yrs.
13. Birthplace Preston (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Elizabeth Eedes
17. Color or Race
18. Age at time of THIS birth 19 years
19. Birthplace Hodgeman Co. (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother) Mae G Atwood

26. (a) Dec. 16, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary C. Markham, being first duly sworn, say that I am acquainted with Ralph Vernon Minden (Name of person on certificate above) as Friend (State relationship or acquaintance) (Related to (or) acquainted with), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J.J. Harrington (Name of attendant at birth), who attended said birth whereabouts unknown (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary C Markham ..... Name
E. 807 Garland Ave Spokane Wn. ..... P. O. Address

Subscribed and sworn to before me on this 11th day of December 1940

(SEAL) George Bradley Notary Public, residing at Spokane Wn.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-101 003-396

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**

County of Bannock

City of Soda Springs

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED DEC 13 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

303250

Registration District No. ..... State File No. .....

Prim. Registration District No. 520 Local Registrar's No. 129

2. **FULL NAME OF CHILD** Frim Wetzel Williams

3. Sex M

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth 9-1-09, 193..... (Month, Day, Year)

FATHER

9. Full name E. T. Williams

10. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs

11. Color or race W | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) .....

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farmer

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Bessie Dean Cross

19. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs

20. Color or race W | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Evanston, Wyo

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate 1%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 1 p m. on the date above stated.

(Signed) Ellis Kackley, M. D., M. D.

or ....., Midwife

Address Soda Springs, Idaho

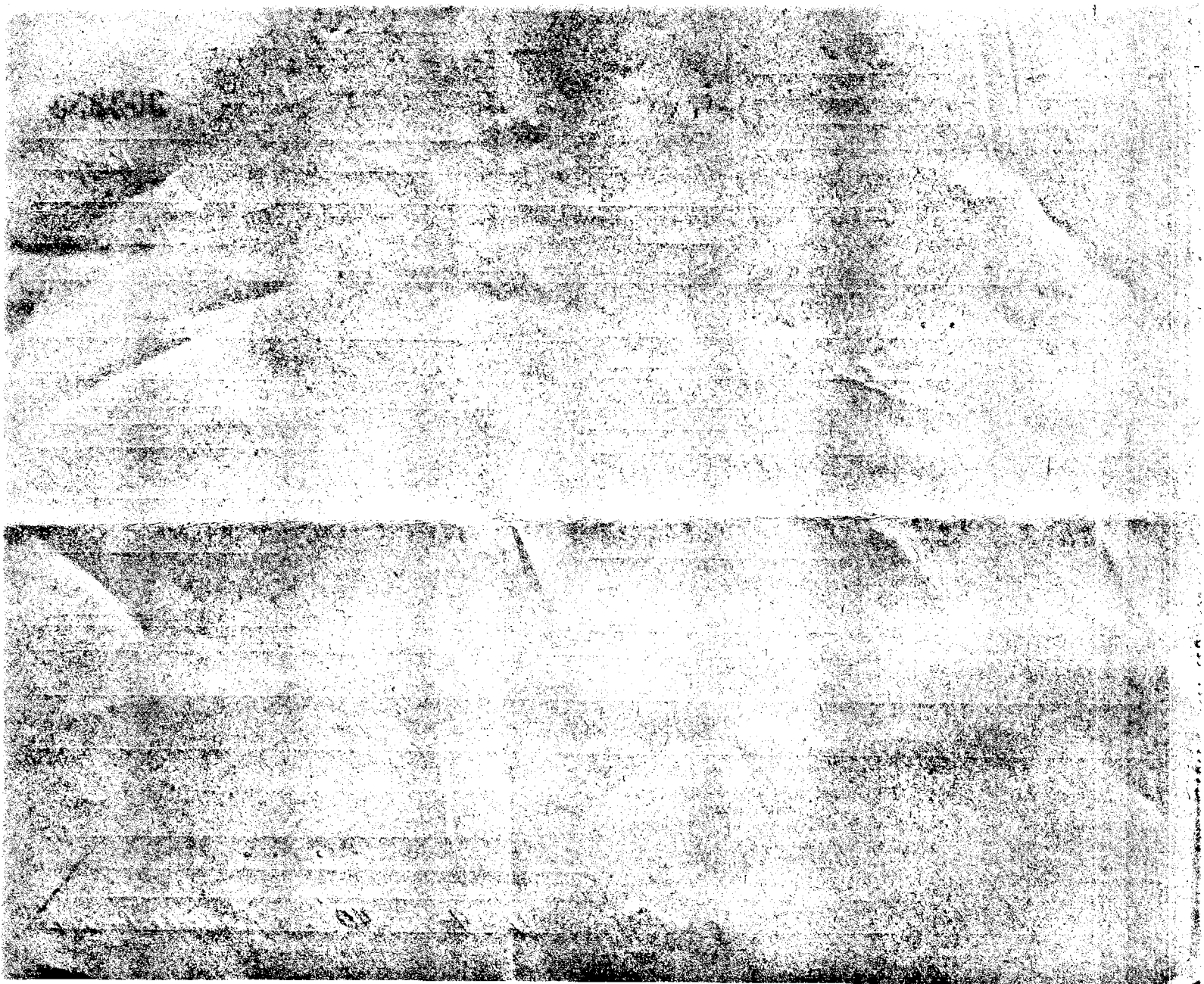
Filed 12-9-, 1940 D. Russell Tingey Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.



168-112025-319

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

303259

DEC 11 1940

Registration District No. 234 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Idaho
City of Woodland
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ralph Thomas Johnson

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term yes | 7. Legitimate? yes | 8. Date of birth May 12, 1909 (Month, Day, Year)

FATHER

9. Full name John L. Johnson
10. Residence (usual place of abode) (If non-resident, give place and State) Woodland Ida
11. Color or race White | 12. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or Country) Foglavik Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19____ | 17. Total time (years) spent in this work 7

MOTHER

18. Full maiden name Hulda J. Carlberg
19. Residence (usual place of abode) (If non-resident, give place and State) Woodland Ida
20. Color or race White | 21. Age at last birthday 31 (years)
22. Birthplace (city or place) (State or Country) Linkoping Sweden

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____ | 26. Total time (years) spent in this work 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks | 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 8 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.
or Mrs Anna M. Campbell, Midwife
Address Woodland Idaho.
Filed Dec. 1, 1940 Beulah V. Brown
Registrar.

Certified Copy issued Jan. 8, 1941. E.W.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 210 North Garfield St.

459 115 003 689

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 11 1940

CERTIFICATE OF BIRTH

303275

Registration District No. ..... State File No. .....

Prim. Registration District No. 510 Local Registrar's No. ~~68~~ 721

2. FULL NAME OF CHILD Thomas Francis Merriman

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth May 15, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Thomas Theadore Merriman	18. Full maiden name: Nellie Iniz Whitmore
10. Residence (usual place of abode) (If non-resident, give place and State): 210 N. Garfield Pocatello, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): 210 N. Garfield Pocatello, Ida.
11. Color or race: W | 12. Age at last birthday: 29 (years)	20. Color or race: W | 21. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or Country): Oakland, Ore.	22. Birthplace (city or place) (State or Country): Hartford, Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Hswfe.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: Present, 1909 | 17. Total time (years) spent in this work:	25. Date (month and year) last engaged in this work: Present, 1909 | 26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% $AgNO_3$

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillborn ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 5:00 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) William F. Howard, M. D.

or ....., ~~Midwife~~

Address Pocatello, Idaho

Filed Dec. 4, 1940 D C Ray Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

303281

1. PLACE OF BIRTH
County of Bingham (now Bonneville)
City of Idaho Falls Idaho
No. 290 Capital avenue St.
433-128-006864

Registration District No. ..... State File No. .....
(If born in hospital or institution give name.) no Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Percy Houston McLain

3. Sex Male
If plural births { 4. Twin, triplet, or other Single
5. Number, in order of birth 2nd
6. Premature no
Full term yes
7. Legitimate? yes
8. Date of birth Jan 28th, 1909 (Month, Day, Year)

FATHER

9. Full name Percy Lewis McLain
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls
11. Color or race white 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Woodbine Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Jan 28th 1909
16. Date (month and year) last engaged in this work Jan 28, 1909
17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Blanche Isabelle Houston
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Idaho
20. Color or race white 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Olathe Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife (own home)
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work Jan 28th, 1909
26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? sat sol Boric Acid

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn —

29. If stillborn, period of gestation — { months or weeks —
30. Cause of Stillbirth — { Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive ~~or Stillborn~~) at one A.m. on the date above stated.

(Signed) Thomas C Willson, M. D.
or ..... Midwife
Address 124 N. Eastern ave. I. Fal.
Filed Dec. 18, 1940 Mae D. Atwood Registrar.
Bureau of Vital Statistics

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
..... Registrar.

Certified Copy issued Jan. 16, 1941. E.W.

Dup of 1909-2711SO

BOTH DELAYED

27 124 034 615

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304292
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Minidoka (b) City Acequia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 2 years month 10 days.

DEC 21

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Acequia - Rt. 1
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Acequia - Rt. 1
3. RESIDENCE of FATHER (city, state): Acequia, Ida.

4. FULL NAME OF CHILD George A. Bagnall
5. Date of Birth (Month, day, year) Aug. 24, 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Casper George Bagnall
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Trinidad, (City or town) Colorado (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Wanless Bagnall
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Denver (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Dec. 21, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name ____ by ____ (Registrar's signature)

Bureau of Vital Statistics

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Casper George Bagnall, being first duly sworn, say that I am related to (Related to (or) acquainted with) George A. Bagnall (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Chas. Hauber (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Casper G Bagnall Signature
Acequia, Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of Dec, 1940
(SEAL) Notary Public, residing at Rupert

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

821-105 001 127

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 28 1940

Staff File No. 304365
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 35 yrs.
(f) Mother's mailing address (present) Buhl, Idaho
3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Frank Rufus Ybarguen
5. Date of Birth (Month, day, year) Sept. 5, 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jose Ybarguen
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Navaris (City or town) Spain (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business Woolgrower

MOTHER OF CHILD

16. FULL MAIDEN NAME Ventura Aspitarte
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Ipistar (City or town) Spain (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother)

26. (a) Dec. 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature H. A. Brereton, M.D. (D.O., Midwife, etc.)
and address Boise, Idaho Date

State of
County of

Information on this record taken from the original record filed in Reg. of births page 237, #305, records of Ada Co., Boise, Ida.
Child unnamed on original Co. Record.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

..... being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 15, 1941. E.M.

REGISTER OF BIRTHS

~~File Quarterly Certified Copy with County Recorder.~~

~~Town~~ ~~County~~ ~~Date~~ ~~19~~

DATE	PLACE	NAME OF CHILD	SEX	RACE OR COLOR	No. of this Birth	Living or Still-born	PARENTS' NAME	COLOR	OCCUPATION	BIRTHPLACE	AGE	RESIDENCE	MAIDEN NAME MOTHER	Is Child Legitimate
No. 305 Sep 5-09	Boise	~~Babe Ybarguen~~ ~~Yraguen~~ Frank Rufus Ybarguen	M	W	4	L	Jose Ybarguen	W	Sheepman	Spain	26	Ketchum	Bentura	Yes
							Mrs. Bentura Ybarguen	W		Spain	21	Idaho	~~Aspitarte~~ Aspitarte	

Reported by H.A. Brerton M.D.

STATE OF IDAHO)
) SS.
COUNTY OF ADA)

I, Otto F. Peterson, Ex-Officio Recorder in and for Ada County, State of Idaho, do hereby certify that the annexed is a full, true and correct copy of certain Birth Certificate of ~~Babe Ybarguen~~ Frank Rufus Ybarguen as the same appears on record in Register of Births at page 237, #305, records of Ada County, State of Idaho.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 27th day of May, 1940.

Otto F. Peterson
Ex-Officio Recorder

By Josephine Arnold
Deputy

~~I hereby certify the above and foregoing to be a true copy of the Births recorded by me during the quarter ending.....19.....~~

466-170-007-437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304373
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Blaine (b) City Corral
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Corral
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address Corral, Idaho
3. RESIDENCE of FATHER (city, state): Corral, Idaho

4. FULL NAME OF CHILD Donovan Chester Moore
5. Date of Birth (Month, day, year) Aug. 20, 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lee Franklin Moore
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Indian Territory, Oklahoma (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Mae McGhee
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Maryville, Tenn. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:00 a. M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as (Mother, etc.) Mae G. Atwood

26. (a) Jan. 7, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ____ by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lee F. Moore, being first duly sworn, say that I am related to (Related to (or) acquainted with) Donovan Chester Moore (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Minnella (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lee F. Moore Signature
Gooding, Ida. P. O. Address

Subscribed and sworn to before me on this 7th day of Jan, 1941

(SEAL) Ross A. Haworth Notary Public, residing at Boise, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

304384

United States
Department of Commerce
Bureau of the Census
239-113008 369

JAN 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304384
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Boise (b) City Garden Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Garden Valley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Garden Valley, Idaho
3. RESIDENCE of FATHER (city, state) Garden Valley

4. FULL NAME OF CHILD Willard Harold Scriver
5. Date of Birth (Month, day, year) Mar. 13, 1909
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Robert Arthur Scriver
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Garden Valley, Idaho (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Elsie Clarabell Cornelius
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Castello, Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8:00 p.m. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as ..... (Mother, etc.) (First name) (Last name)

26. (a) JAN 9 1941 (Date received) (b) Mae G Atwood (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
Bureau of Vital Statistics

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Elsie Bell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Willard Harold Scriver (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. McBride (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Elsie Bell Signature
Route 4 Box 4 Boise Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of Jan, 19 41
(SEAL) Ross A Haworth Notary Public, residing at Boise, Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-119 006-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 304481

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

DEC 31 1940

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Aberdeen
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home - days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Paul Leonard Kliever

5. Date of Birth (Month, day, year) 8/19/1909

6. Sex M

7. Twin or Triplet --- If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy -

9. Legitimate? Y

FATHER OF CHILD

10. **FULL NAME** Frank F. Kliever
11. Color or Race W
12. Age at time of THIS birth 36 yrs.
13. Birthplace South Russia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katharine Becker
17. Color or Race W
18. Age at time of THIS birth 30 yrs.
19. Birthplace Henderson Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mae G. Atwood

26. (a) Dec. 31, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature) Bureau of Vital Statistics

25. Attendant's **OWN signature** Dr. Noth M.D. (D.O., Midwife, etc.)
and address American Falls Date

State of Oregon
County of Polk } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank F. Kliever, being first duly sworn, say that I am ~~the father~~ related to (Related to (or) acquainted with) Paul Leonard Kliever (Name of person on certificate above) as his Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Noth (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank F. Kliever Signature

Dallas, Oregon R.F.D. #1. P.O. Address

Subscribed and sworn to before me on this 26th day of December, 1940

(SEAL) John B. Sahlin Notary Public, residing at Dallas, Ore.

My Com. expires 3/30/43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-128-003-356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304510
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City McCammon.
(c) Street Address or R.F.D. No. x
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home x days.
In THIS county 15 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City McCammon.
(d) Street Address or R.F.D. No. x
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address McCammon, Ida.
3. RESIDENCE OF FATHER (city, state) McCammon, Ida

4. FULL NAME OF CHILD JULIUS GEORGE HULSE
5. Date of Birth (Month, day, year) 9-28-1909
6. Sex Male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hyrum Emanuel Hulse
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Millville, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Louesa Ellen Lewis
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Albion, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 5 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 A M. on the date and at the place stated above, and that personal particulars were furnished by [redacted] E Hulse (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) 12-29-1940 (Date received) (b) D C Ray (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hyrum E. Hulse, being first duly sworn, say that I am related to (Related to (or) acquainted with) Julius George Hulse (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Andrew Goodenough (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hyrum E. Hulse ..... Name
Rigby, Idaho. R. #2 ..... P. O. Address

Subscribed and sworn to before me on this 27 day of December 1940

(SEAL) Beth R. Bennett ..... Notary Public, residing at Rigby Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 201 001 494

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304512
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County ADA (b) City KUNA
(c) Street Address or R.F.D. No. RFD #1
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City KUNA
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has MOTHER lived in Idaho? 3 1/3 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD MARY THEADORA WALDVOGEL
5. Date of Birth (Month, day, year) July 1, 1909
6. Sex FEMALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD
10. FULL NAME LAWRENCE EVENS WALDVOGEL
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace LINCOLN (City or town) - ILLINOIS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME IDA MAY MIDDLETON
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace WARRENSBERG (City or town) - MO. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Jan. 3, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of San Joaquin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Mrs. Effie May Waldvogel, being first duly sworn, say that I am Aunt by Marriage (Related to (or) acquainted with) Mary Theadora Waldvogel (Name of person on certificate above) as Aunt - (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Hurg - (Name of attendant at birth), who attended said birth Cannot Locate now. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Effie May Waldvogel Signature
Rt 1 Box 616 Stockton Calif P. O. Address

Subscribed and sworn to before me on this 28th day of December, 1940

(SEAL) R. E. Conway Notary Public in and for the County of San Joaquin, State of California, residing at Court House Stockton California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/13/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813/22-035-458 RECEIVED

United States
Department of Commerce
Bureau of the Census

JAN 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304573
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City (Country)
(c) Street Address or R F D No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 7 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Lapwai
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Lloyd Vincent Hack
5. Date of Birth (Month, day, year) Oct 22-1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eugene Canard Hack
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Caturah DeHass
17. Color or Race White
18. Age at time of THIS birth 37 years
19. Birthplace Du Bois Penn. (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Roberts (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) Jan. 8, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature** John H. Allen M.D. or (D.O., Midwife, etc.)
and address Lewiston Ida Date 1-7-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Name

..... P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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355-120 016 28 (FEB 1941)

304590

United States
Department of Commerce
Bureau of the Census

JAN 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: F. M. Lee private home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 20 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 31 yrs.
(f) Mother's mailing address Brigham, Utah
3. RESIDENCE of FATHER (city, state): Utah

4. FULL NAME OF CHILD George Francis Lee
5. Date of Birth (Month, day, year) Oct. 20, 1909
6. Sex male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis Marion Lee
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Tooele, Utah (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business no

MOTHER OF CHILD

16. FULL MAIDEN NAME Arminta Elizabeth Sharp
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Tooele, Utah (City or town) (State or foreign country)
20. Exact Occupation home wife
21. Industry or Business no

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) Jan. 9, 1941 (Date received) (b) Clyde Bridger, Acting (Registrar's signature)

25. Attendant's OWN signature DECEASED M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Utah
County of Box Elder } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Francis Marion Lee, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Francis Lee (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Avel G. Nielsen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Francis Marion Lee Signature
228 No. 4th West St. Brigham City, Utah P.O. Address

Subscribed and sworn to before me on this 8th day of January, 1941.
(SEAL) [signature] Notary Public, residing at Brigham, Utah
Com. exp. Oct. 16, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

304601

RECEIVED
NOV 16 1940

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Owyhee
City of De Lamar
No. A299-126-037 818 St.
(If born in hospital or institution give name)

2. FULL NAME OF CHILD Frederick Howard Burmingham.

3. Sex
If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth 1
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth May 26, 1939 (Month, Day, Year)

FATHER

9. Full name Howard Edward Burmingham
10. Residence (usual place of abode) (If non-resident, give place and State) Marsing
11. Color or race W | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Rawlins Wyo.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy Sheriff
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ~~Present~~, 1940
17. Total time (years) spent in this work ~~4 yrs~~

MOTHER

18. Full maiden name Leona May Hayes.
19. Residence (usual place of abode) (If non-resident, give place and State) Marsing
20. Color or race W | 21. Age at last birthday 18 (years)
22. Birthplace (city or place) (State or Country) Jordan Valley Oregon

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ~~Present~~, 19..
26. Total time (years) spent in this work ~~2 yrs~~

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... { months or weeks
30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) ....., M. D.
or ....., Midwife
Address .....

Filed Nov. 16, 1940 Mae G. Atwood
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
..... Registrar.

WRITE PLAINLY—UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 16 1940

State of Idaho.
County of Owyhee } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Leona May Birmingham being first duly sworn says that she is the Mother of Frederick Howard Birmingham
(Relationship of child)*

born May. 26-1909 at DE Lamar, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 139—1927 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Frederick Howard Birmingham. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ....., M. D., was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is Dr. Thomas Farrer.
(Now deceased (or) cannot be located)

Name of Affiant Leona M. Birmingham

P. O. Address Marsing. Idaho.

Subscribed and sworn to before me this 13 day of Nov., 19 40

Marvin D. Stafford
Notary Public.

Residing at Marsing, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

1/16/41 L. B.

582119 042-515 RECEIVED

United States
Department of Commerce
Bureau of the Census

JAN 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304670
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 1 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Twin Falls, Idaho
3. RESIDENCE of FATHER (city, state): Twin Falls, Idaho

4. FULL NAME OF CHILD John Maxwell Vyse
5. Date of Birth (Month, day, year) January 19. 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9mo.
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Guy Bert Vyse
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Hamburg (City or town) Iowa (State or foreign country)
14. Exact Occupation Meat Cutter
15. Industry or Business Twin Falls Packing Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Celia Salina Vanderpool
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Milgrove (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Clyde A. Bridger
(Registrar's signature)

26. (a) Jan. 13, 1941 (Date received) (b) Clyde A. Bridger, Acting

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Celia Salina Vyse, being first duly sworn, say that I am mother (Related to (or) acquainted with) John Maxwell Vyse (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cumming of Twin Falls Idaho (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Celia Salina Vyse
Signature

1130- 30th Ave.
P. O. Address

Subscribed and sworn to before me on this 10th day of January, 1941

(SEAL) Lily Lee Notary Public, residing at Seattle Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/17/41/ EA

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-29-001493

United States
Department of Commerce
Bureau of the Census

REC'D JAN 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304678
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. R 7 Box
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days. at home
In THIS county 2 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State ____ (b) County ____
(c) City ____
(d) Street Address or R.F.D. No. ____
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address R 7 Box

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Viola Pauline Clark

5. Date of Birth (Month, day, year) Oct 19 - 1909

6. Sex Girl

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy ____

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Logan Clark
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Fairbury Neb (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Vera Amy Michael
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Eskon Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living ____
(c) Born alive and now dead ____ (d) Stillborn ____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at ~~Oct 19 1909~~ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as Vera Clark (Mother, etc.)

RECEIVED

26. (a) JAN 15 1941 (Date received) (b) Clyde A Bridges Acting (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's
✗ OWN signature Max J. H. Lewis M.D. (D.O., Midwife, etc.)
and address Boise Idaho Date Jan 14

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/7/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-114 040-269

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Mullan
No. — St.
(If born in hospital or institution give name.)

JAN 17 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

304700

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD ~~John Hendrick~~ Emmett Hendrickson

3. Sex M | If plural births: 4. Twin, triplet, or other — | 5. Number, in order of birth — | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth May 14, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Hendrick Hendrickson	18. Full maiden name Johannah Elisa Sorensen
10. Residence (usual place of abode) (If non-resident, give place and State) Mullan Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Mullan Ida
11. Color or race W	12. Age at last birthday 42 (years)	20. Color or race W	21. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or Country) Sweden	22. Birthplace (city or place) (State or Country) Chicago Ill
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work May, 1909	17. Total time (years) spent in this work 26 yr	25. Date (month and year) last engaged in this work May, 1909	26. Total time (years) spent in this work ~~24~~ 19 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol.

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 5:30 P m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) F W Rolfs, M. D.
or ....., Midwife
Address Mullan Ida.
Filed JAN 17 1941, 193 Clyde A. Bridger Acting Registrar.

Certified Copy issued Feb. 3, 1941. E.W.

465-102025-468 RECEIVED

United States
Department of Commerce
Bureau of the Census

JAN 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304723
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Idaho (b) City: Kooskia
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years 5 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Idaho
(c) City: Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address: Kooskia

3. **RESIDENCE OF FATHER** (city, state): Kooskia

4. **FULL NAME OF CHILD:** Harvey Andrew Donnally

5. Date of Birth (Month, day, year): Nov-2-1909

6. Sex: Male

7. Twin or Triplet: no If so—born 1st, 2nd, 3rd: no

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** William Morris Donnally
11. Color or Race: White
12. Age at time of THIS birth: 31 yrs.
13. Birthplace: Waitsburg (City or town) Washington (State or foreign country)
14. Exact Occupation: Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Rebecca Ann Moger
17. Color or Race: White
18. Age at time of THIS birth: 24 years
19. Birthplace: Mc Paul (City or town) Iowa (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED JAN 15 1941

26. (a) None (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Estelle I. ..... M.D. or ..... (D.O., Midwife, etc.)
and address Montgomery, Midwife Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Estelle I. Montgomery ..... Name
Kooskia Idaho ..... P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/22/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 114 028 864 RECEIVED 304755

United States
Department of Commerce
Bureau of the Census

MAR 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304755
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County KOOTENAI (b) City COEUR d'ALENE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 1 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City COEUR d'ALENE
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address COEUR d'ALENE, IDAHO

3. RESIDENCE of FATHER (city, state) COEUR d'ALENE, IDAHO

4. FULL NAME OF CHILD HOWARD Hodgins BURT

5. Date of Birth (Month, day, year) 8-14-'09

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME CHARLES HOWARD BURT
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace CANTON (City or town) PENN'A. (State or foreign country)
14. Exact Occupation DEPOT AGENT
15. Industry or Business C.M.ST.P.&R.R. Co

MOTHER OF CHILD

16. FULL MAIDEN NAME MINNIE MAE Hodgins
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace Genesee (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business ——

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead —— (d) Stillborn ——

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN Alive (born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by CHARLES BURT (First name) (Last name), who is related to this child as FATHER (Mother, etc.)

26. (a) March 19, 1941 (Date received) (b) Mabel ~~F. Elder~~ Mabel Elder (Registrar's signature)

27. Given name added on —— by —— (Registrar's signature)

25. Attendant's OWN signature UNKNOWN M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, CHARLES HOWARD BURT, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) HOWARD Hodgins BURT (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that UNKNOWN DR. (Name of attendant at birth), who attended said birth CANNOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles Howard Burt — Signature
Canton Penna — P.O. Address

Subscribed and sworn to before me on this 18th day of March, 1941

(SEAL) James T. Morris Jr. Notary Public, residing at Ocean Beach, Cal.

My Commission Expires March 4, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/24/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215 124 007 366

United States
Department of Commerce
Bureau of the Census

JAN 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304758
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Blaine (b) City Haley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Haley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address 1155 Garner St-
3. RESIDENCE of FATHER (city, state) San Bernardino

4. FULL NAME OF CHILD Victor Barney Sandeen
5. Date of Birth (Month, day, year) Sept-24th-1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy reglar
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Erick Anderson Sandeen
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business on homestead

MOTHER OF CHILD
16. FULL MAIDEN NAME Ada Cook
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Demoines, Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn XXXXXXXXXX

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 17 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Bernardino } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada Sandeen, being first duly sworn, say that I am ~~Mother~~ x related to (Related to (or) acquainted with) ~~of~~ Victor Barney Sandeen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Allen (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Mrs ada Sandeen
Signature
1155 Garner St- San Bernardino, California
P. O. Address

Subscribed and sworn to before me on the 14th- day of January, 19 41

(SEAL) Nancy Nickman Notary Public, ~~XXXXXX~~ Office, Courthouse

My Commission Expires February 4th, 1943

NOTARY PUBLIC
In and for the County of San Bernardino, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433127014384

304769

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 304769

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon
City of Emmett
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD George Burton McConnell

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth April 27, 1929 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Reavely McConnell	18. Full maiden name Maude Lillian Lyman
10. Residence (usual place of abode) (If non-resident, give place and State) Emmett Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Emmett Ida
11. Color or race White 12. Age at last birthday 32 (years)	20. Color or race White 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Wayne Iowa	22. Birthplace (city or place) (State or Country) Michigan
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House wife
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol Sol

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 8 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Burton O Clark, M. D.
or ....., Midwife
Address Veterans Adm. Board
Filed 1/21/41, 193.... Clyde A. Bridger Registrar.
Clyde A. Bridger Acting Director

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1/22/41 L. B.

756102022462

304776

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304776
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Vene Maurice Pew
5. Date of Birth (Month, day, year) Jan 2-1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Hiram Smith Pew
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Mound City Mo (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosabelle Moser
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Mound City Mo (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 23, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosabelle Pew, being first duly sworn say that I am Related (Related to (or) acquainted with) Vene Maurice Pew (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Kumble (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Rosabelle Pew. Signature
3782 Brine Ave, Venice, Cal. P.O. Address

Subscribed and sworn to before me on this 23 day of January, 1941

(SEAL) J. Moore Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-121 014-366

304781

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
JAN 24 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 304781

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Theadore Ralph Henry

3. Sex | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Jan 21, ~~193~~ 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles Hiram Henry	18. Full maiden name Ora Lee Lowe
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho
11. Color or race White 12. Age at last birthday 37 (years)	20. Color or race White 21. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or Country) Lincoln Lancaster Co Nebraska	22. Birthplace (city or place) (State or Country) Clapington Clarington Ohio
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house work
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Jan 20 - 1939
16. Date (month and year) last engaged in this work Jan 20, 1939	25. Date (month and year) last engaged in this work Jan 20, 1937
17. Total time (years) spent in this work 40	26. Total time (years) spent in this work 55 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks | 30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 9 at a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) J. H. Murray, M. D.
or Nampa Idaho, ~~Midwife~~
Address .....

Filed Jan. 24, 1941 ~~193~~ Clyde A. Bridger
Registrar.

Clyde A. Bridger
Registrar.

1/24/41 L. B.

113-212-025-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304811
Local Reg. No.
Reg. Dist. No. 221

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Forest
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Forest
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Forest
3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Mildred Vivian Jacobson
5. Date of Birth (Month, day, year) Oct 12 - 1909
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo.
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joacim Wesley Jacobson
11. Color or Race white
12. Age at time of THIS birth ..... yrs.
13. Birthplace Milnor (City or town) N. Dakota (State or foreign country)
14. Exact Occupation saw milling
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Lillian Hart
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace North Platte (City or town) Colorado. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at nine P.M. on the date and at the place stated above, and that personal particulars were furnished by Amanda Hart (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

26. (a) January 15, 1941 (Date received) (b) Patricia Burke (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs Maud L. Jacobson mother (D.O., ~~Midwife, etc.~~)
and address Weippe Ida Date Jan 13-41

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maud L. Jacobson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mildred Vivian Jacobson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Patterson (Name of attendant at birth), who attended said birth deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Notary Public for State of Idaho, residing at Weippe. Signature
therein. My commission expires Oct. 5, 1944.
P. O. Address

Subscribed and sworn to before me on this 13 day of January, 1941

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

297-129-034-366

RECEIVED

JAN 20 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304824
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Minidoka (b) City Heyburn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Heyburn
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9½ Mo. yrs.
(f) Mother's mailing address Heyburn, Idaho
3. RESIDENCE of FATHER (city, state): " "

4. FULL NAME OF CHILD Walter Albert Bixler
5. Date of Birth (Month, day, year) April 29, 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hamilton Jay Bixler
11. Color or Race
12. Age at time of THIS birth 25 yrs.
13. Birthplace Hartford (City or town) Kansas (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leola Cooley Bixler
17. Color or Race
18. Age at time of THIS birth 22 yrs.
19. Birthplace Berlin (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living None
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 20 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leola Bixler, being first duly sworn, say that I am related to (Related to (or) acquainted with) Walter Albert Bixler (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. V. R. Killen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Leola Bixler Signature
Burley, Idaho. P. O. Address

Subscribed and sworn ~~to before~~ me on this 18th day of January, 19 41

(SEAL) D. T. Locke Notary Public, residing at Burley, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-124-004-268

United States
Department of Commerce
Bureau of the Census

JAN 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304834
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R F D No. Montpelier
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 6 days. In **THIS** county 1 years 22 months 9 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Utah (b) County Salt Lake
(c) City Murray
(d) Street Address or R.F.D. No. 139 W. 45 So
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address 139 W. 45 So

3. **RESIDENCE OF FATHER** (city, state) Murray, Ut

4. **FULL NAME OF CHILD** RANSON WELDON STEVENS

5. Date of Birth (Month, day, year) May 24, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JUSTICE PERRY STEVENS
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Fairview (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JULIETT BOHNE
17. Color or Race WHITE
18. Age at time of THIS birth 32 years
19. Birthplace Mount Pleasant (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 20 1941 (Date received) (b) Clyde A. Badger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Juliett B. Stevens, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ranson Weldon Stevens (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Pierce (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Juliett B. Stevens ..... Name

139 West 45th South, Murray, Utah ..... P. O. Address

Subscribed and sworn to before me on this 28 day of October, 1940

(SEAL) Glen E. Rowe ..... Notary Public, residing at Murray City, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-128-008-539

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

305908

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Boise
City of Lowell
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Buddy Claud Cox.

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? ..... | 8. Date of birth Oct. 28., 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name Bertie Fredric Cox.	18. Full maiden name Martha Frances Elliott.
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 30 (years)	20. Color or race White | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) Coffee Co. (State or Country) Kansas.	22. Birthplace (city or place) Greenwood Co. (State or Country) Kansas.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming & Stockraising	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Farmers Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work July 4th, 1939 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) three. (a) Born alive and now living two (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation lived 2 weeks { months or weeks | 30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING ~~PHYSICIAN~~ OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) X Mary B Rainey, ~~M. D.~~
or ....., Midwife
Address .....

Filed Jan. 25, 1941, 193.. Clyde A. Bridges Acting Registrar.

2/25/41 L. B.

653-104010-349

United States
Department of Commerce
Bureau of the Census

JAN 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 305924
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Irwin
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home: Child born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 19 years 3 months 24 days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Irwin
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Decease[illegible]
3. **RESIDENCE OF FATHER** (city, state) Irwin - 2 days

4. **FULL NAME OF CHILD** Charles Samuel Hicks
5. Date of Birth (Month, day, year) Sept 4, 1909
6. Sex. Male
7. Twin or Triplet neither If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Joseph Hicks
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Smithfield (City or town) - Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Merriam Burton
17. Color or Race White
18. Age at time of THIS birth 32 years
19. Birthplace Grantsville (City or town) - Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 22 1941 (Date received) (b) Clyde A. Bridger, Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hyrum Joseph Hicks, being first duly sworn, say that I am ~~Father~~ related to (Related to (or) acquainted with) Charles Samuel Hicks (Name of person on certificate above) as ~~xxxxxxx~~ Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Laura Hicks (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Hyrum Joseph Hicks Name
6413 Hay Ave. Los Angeles Calif. P.O. Address

Subscribed and sworn to before me on this 18th day of January - 1941

(SEAL) Pearl Olson Notary Public, residing at 2007 W 74 St
My Commission Expires Feb. 17, 1942
now 7401 So Western Ave

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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964-203-042-964

United States
Department of Commerce
Bureau of the Census

RECEIVED
JAN 23 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 305941
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county 7 years 5 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. ✓
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address ✓ ~~deceased~~
3. RESIDENCE of FATHER (city, state): ~~deceased~~

4. FULL NAME OF CHILD Vera Isabel Romaine
5. Date of Birth (Month, day, year) Feb. 3, 1909
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George B. Romaine
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Rutland (City or town) Ohio (State or foreign country)
14. Exact Occupation Painter & Carpenter
15. Industry or Business " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy Isabel Romine
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Rutland (City or town) Ohio (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 23 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Caroline Bailey, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vera Isabel Romaine (Name of person on certificate above) as foster mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Clouchek (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Caroline Bailey Signature
Sandpoint Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of January, 1941
(SEAL) J. W. Walker Notary Public, residing at Sandpoint

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/30/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible. of the nearest of kin or guardian, or some person having direct knowledge in the premises.

86R-114-042-955 3-5982 305982

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. Rout #I
(d) Name of Hospital or Maternity Home: on farm
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 3 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl Rout I
(d) Street Address or R.F.D. No. Deceased
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. RESIDENCE of FATHER (city, state): Buhl Idaho

4. FULL NAME OF CHILD Edgar Homling

5. Date of Birth (Month, day, year) March I4 I909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Michael Homling
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Estonia Idaho Rusia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Rene
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Petrograd, Rusia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Feb. 11, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature) Clyde A. Bridger

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Michael Homling, being first duly sworn, say that I am Related (Related to (or) acquainted with) Edgar Homling (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Monroe (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Michael Homling Signature

Buhl Idaho Rout I P. O. Address

Subscribed and sworn to before me on this 8th day of February, 19 41

(SEAL) J. Nussbaum Notary Public, residing at Buhl Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-104-014-162

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 305993
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ~~years~~ months all days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. Circle addition
(e) How long has MOTHER lived in Idaho? 7 yrs. yrs.
(f) Mother's mailing address Emmett, Idaho
3. RESIDENCE of FATHER (city, state): Emmett, Ida.

4. FULL NAME OF CHILD Charles Earl Allen
5. Date of Birth (Month, day, year) July 4, 1909
6. Sex male
7. ~~Twin or Triplet~~ ~~If so, born 1st, 2nd, 3rd~~
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Russell Edward Allen
11. Color or Race Caucasian
12. Age at time of THIS birth 41 yrs.
13. Birthplace Omaha (City or town), Nebraska (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christian Jenny Jose
17. Color or Race Caucasian
18. Age at time of THIS birth 39 yrs.
19. Birthplace Paragonah (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive ~~stillborn~~) at 7 a. M. on the date and at the place stated above, and that personal particulars were furnished by Jenny Allen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 27 1941 (Date received) (b) Clyde H. Bridger Actg (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Margaret A Jost M.D. (D.O., Midwife, etc.)
and address Boise Idaho Date Jan 27, 1941

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A 769-109-036-331

RECEIVED

JAN 25 1941

306005

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 13
Reg. Dist. No. 341

1. PLACE OF BIRTH:
(a) County Oneida (b) City Clendale
(c) Street Address or R.F.D. No. R.F.D. 1 Preston
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Clendale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Grant Clayton Porter

5. Date of Birth (Month, day, year) Jan 9, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nathum Boyd Porter

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Ogden Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane Clayton

17. Color or Race White

18. Age at time of THIS birth 42 yrs.

19. Birthplace Franklin Idaho
(City or Town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 6: P. M. on the date and at the place stated above, and that personal particulars were furnished by Ellen Jensen (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) Jan 23, 1941 (Date received) (b) G. W. States (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Ellen Angier ~~M.D.~~ (~~D.O.~~, Midwife, etc.)
and address Preston Ida Date Jan 23 1941

Use only **BLACK INK** or **BLACK** Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the **LOCAL REGISTRAR** in the district where the birth occurred **WITHIN** 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Franklin } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lewis B. Porter being first duly sworn says that he is the Brother of Grant Clayton Porter
(Relationship of child)*

born Jan. 9-1909 at Glendale Oneida Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Grant Clayton Porter hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Ellen Auger ~~M. D.~~ was the Midwife medical attendant at the birth of said Grant Clayton Porter and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Lewis B. Porter
P. O. Address Preston Idaho

Subscribed and sworn to before me this 23rd day of Jan., 1941

H. Tausen
Notary Public.

Residing at Preston Ida., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

569-113-043-243

United States
Department of Commerce
Bureau of the Census

RECEIVED JAN 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

306009

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:** (a) County Valley (b) City Arling, IDA
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county 7 years 4 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (a) State Idaho (b) County Valley
(c) City Arling, IDA
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 39 Yrs.
(f) Mother's mailing address Arling
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Henry Nortune
5. Date of Birth (Month, day, year) oct. 13 1909
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Henry Nortune
11. Color or Race Finnish
12. Age at time of THIS birth 39 yrs.
13. Birthplace Finland (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sofia Helen Suleen
17. Color or Race Finnish
18. Age at time of THIS birth 36 years
19. Birthplace Finland (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8
(c) Born alive and now dead..... (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JAN 24 1941 (Date received) (b) Clyde A. Bridges Arling (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of IDAHO
County of VALLEY } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, SOFIA NORTUNE, being first duly sworn, say that I am.....(Related to (or) acquainted with) HENRY NORTUNE (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that [illegible] (Name of attendant at birth), who attended said birth [illegible] (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sofia Nortune ..... Name
Arling Idaho ..... P. O. Address

Subscribed and sworn to before me on this 22 day of June 1940.

(SEAL) [illegible] Notary Public, residing at Gooding Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A219-264-028-693

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Springston, Idaho.

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED

JAN 24 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

306015

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Fannie Lenore Barker

3. Sex female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? ✓

8. Date of birth January 14, 1909 (Month, Day, Year)

FATHER

9. Full name John David Barker

10. Residence (usual place of abode) (If non-resident, give place and State) Springston, Ida

11. Color or race White | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Arkansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mabel Lenore Wilbur

19. Residence (usual place of abode) (If non-resident, give place and State) Springston, Ida

20. Color or race white | 21. Age at last birthday 39 (years)

22. Birthplace (city or place) (State or Country) Michigan

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Eight (At time of this birth and including this child) eight

(a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Emabel Hoisinder M. D.

or ....., Midwife

Address .....

Filed JAN 2 ..., 193.... Clyde A. Bridges Acting Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

Certified copy issued 2-5-1941

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of San Francisco } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mabel ~~Mable~~ Heisserman being first duly sworn says that she is the mother of Fannie Lenore Barker
(Relationship of child)*

born January 14, 1909 at Springston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Fannie Lenore Barker hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

~~Affiant further states that~~ M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Mabel Heisserman
P. O. Address Gen. Del. San Francisco, Cal.

Subscribed and sworn to before me this day of OCT 16 1940, 19

Radmuson
Notary Public.

Residing at Notary Public in and for the City and County of San Francisco, State of California, Idaho

My Commission Expires May 19, 1943

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit indicating the relationship of the affiant, as brother, sister, cousin, etc.

919-11 81 029-
392

United States
Department of Commerce
Bureau of the Census

JAN 28

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306051
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Latah (b) City: Harvard
(c) Street Address or R F D No.: None
(d) Name of Hospital or Maternity Home: family residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county: 27 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Latah
(c) City: Harvard
(d) Street Address or R.F.D. No.: None
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address: Harvard, Idaho

3. **RESIDENCE OF FATHER** (city, state) Harvard, Ida.

4. **FULL NAME OF CHILD:** BEN MILAN PARKER

5. Date of Birth (Month, day, year): 9/18/09

6. Sex: Male

7. Twin or Triplet: No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: Nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** William James Parker
11. Color or Race: White
12. Age at time of THIS birth: 36 yrs.
13. Birthplace: Ontario (City or town) Canada (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Ruby Azelia Cisney
17. Color or Race: White
18. Age at time of THIS birth: 33 years
19. Birthplace: Peoria (City or town) Illinois (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: 4
(c) Born alive and now dead: None (d) Stillborn: None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 28 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Pierce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ruby A. Parker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ben Milan Parker (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Anna Pearson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ruby A. Parker ..... Name
1206 So. G st. Tacoma Wash. ..... P. O. Address

Subscribed and sworn to before me on this 23 day of Jan 1941

(SEAL) C. Fleckow ..... Notary Public residing at Tacoma.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Feb. 5, 1941. L.W.

811-108-010-296

306165

United States
Department of Commerce
Bureau of the Census

FEB 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 210 E-st
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 10 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 210 E St
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address 210 E st.

3. RESIDENCE of FATHER (city, state): Idaho Falls Ida

4. FULL NAME OF CHILD Paul Franklin Haack

5. Date of Birth (Month, day, year) Oct 8 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Julius Haack
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Council Bluffs (City or town) Iowa (State or foreign country)
14. Exact Occupation Railroad Employee
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Della Brown
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Harrisville (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 12:00 P M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as Della Haack (Mother, etc.) (First name) (Last name)

26. (a) [illegible] (Date received) (b) Clyde A. Bridge (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [illegible] M.D. (D.O., Midwife, etc.)
and address [illegible] Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Certified copy issued 2-14-1941. dp

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-219-028-289

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306168
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Garwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 6 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Garwood
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Garwood, Idah

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD FLORENCE IRENE CLAYTON

5. Date of Birth (Month, day, year) 8/19/1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles William Clayton
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Melvern, Kas. (City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business Timber Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Eliz. Shreck
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Melvern, Kas. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____ (c) Born alive and now dead ____ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Feb. 3, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Stevens } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles W. Clayton, being first duly sworn, say that I am related (Related to (or) acquainted with) Florence Irene Clayton (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Van wokem (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles W Clayton Signature
Northport, Wash. P. O. Address

Subscribed and sworn to before me on this 23 day of JANUARY, 19 41
(SEAL) Peter R. Squire Notary Public, residing at Colville, Wn.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/14/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-108-040-955

RECEIVED FEB 4 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306177
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No. McKinley Avenue
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 4 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. McKinley Ave.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Kellogg Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD La Fayette Denely McCrary
5. Date of Birth (Month, day, year) May 8-1909
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Denely McCrary
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace South Dakota (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Jane Reedy
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Toronto Ontario Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 20 a. M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Jane McCrary (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) FEB 4 1941 (Date received) (b) Clyde F. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature T. R. Mason M.D. (D.O., Midwife, etc.)
and address Kellogg Idaho Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

T. R. Mason, Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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173-128-001-265

United States
Department of Commerce
Bureau of the Census

FEB 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306211
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County ADA (b) City Boise
(c) Street Address or R.F.D. No. DONT KNOW
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county years 8 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State OREGON (b) County BAKER
(c) City BAKER
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Eight months
(f) Mother's mailing address 725 VAN COUVER BOISE
3. RESIDENCE of FATHER (city, state). DECEASED.

4. FULL NAME OF CHILD HAROLD DELBERT ALLEN.
5. Date of Birth (Month, day, year) Sep 28 1909
6. Sex MALE
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy NINE
9. Legitimate? yes.

FATHER OF CHILD
10. FULL NAME CLINT ALLEN
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace NEBRASKA STATE (City or town) (State or foreign country)
14. Exact Occupation PRINTER
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME MARY ELIZBETH SHEPARD
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace BAKER OREGON (City or town) (State or foreign country)
20. Exact Occupation W HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes.
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 6 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Dont Know M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Mary Donner, being first duly sworn, say that I am Mother (Related to (or) acquainted with) of Harold Delbert Allen (Name of person on certificate above) as His mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I dont Remember Doctor name (Name of attendant at birth), who attended said birth Harold Delbert Allen (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Mary Donner Signature
725 So Van Couver P.O. Address

Subscribed and sworn to before me on this 7 day of Feb 1941

(SEAL) Mary Donner Notary Public, residing at 5360 Louise Pl. Los Angeles, Calif

NOTARY PUBLIC
In and for the County of Los Angeles, State of California
My Commission Expires June 15, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/14/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-201-033-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306213
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Rexburg, Idaho.

3. RESIDENCE of FATHER (city, state): Rexburg, Idaho

4. FULL NAME OF CHILD Elaine Amelia Parkinson

5. Date of Birth (Month, day, year) April 1, 1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Greer Parkinson
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Wellsville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Arzetta Wardrop
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace San Pete County Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Feb. 7, 1941 (Date received) (b) Clyde G. Bridger Atty (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hannah Arzetta Parkinson being first duly sworn, say that I am related (Related to (or) acquainted with) Elaine Amelia Parkinson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hyde (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Hannah Arzetta Parkinson Signature

..... P. O. Address

Subscribed and sworn to before me on this 3d day of February, 1941

(SEAL) Mary Smith Notary Public, residing at Rexburg, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-106-01X-517

RECEIVED

FEB 8 1941

306238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Clyde A. Rogers
5. Date of Birth (Month, day, year) July 6, 1909
6. Sex son
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Henry Rogers
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace New Castle, Ind. (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Nap Rogers
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED FEB 8 1941

26. (a) ..... (Date received) (b) Clyde A. Barber (Registrar's signature)

cannot get Dr. Signature

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Kansas
County of McPherson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Henry Rogers, being first duly sworn, say that I am father (Related to (or) acquainted with) (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor (Name of attendant at birth), who attended said birth cannot (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles Henry Rogers Signature
McPherson, Kansas P.O. Address

Subscribed and sworn to before me on this 23rd day of January 1941
(SEAL) Notary Public, residing at McPherson, Kansas

MY COMMISSION EXPIRES, SEC. 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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317-119-028-238

United States
Department of Commerce
Bureau of the Census

RECEIVED FEB 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

306248

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R F D No. R.F.D.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 42 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene Ida.
(d) Street Address or R.F.D. No. 909 4th St.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address Coeur d'Alene Ida.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Harry Capaul

5. Date of Birth (Month, day, year) Oct. 19 - 1909

6. Sex. Male

7. Twin or Triplet 5th If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Jacob Capaul
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Bregile Switzerland (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Schneider
17. Color or Race White
18. Age at time of THIS birth 33 years
19. Birthplace Gregingen Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 7 P.M. on the date and at the place stated above and that personal particulars were furnished by Margaret Capaul (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) Feb. 7, 1941 (Date received) (b) Lely de A. Bridger Actg (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Margaret Capaul, being first duly sworn, say that I am mother (Related to (or) acquainted with) Harry Capaul (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jacob Capaul (Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Margaret Capaul
Name
P. O. Address

Subscribed and sworn to before me on this 24 day of February 1941

(SEAL) Notary Public residing at Coeur d'Alene Idaho

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT COEUR D'ALENE, IDAHO
MY COMMISSION EXPIRES SEPT. 20, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-112-006-367

RECEIVED

United States
Department of Commerce
Bureau of the Census

Pingree

(Be sure the information is as of date of birth of THIS child)

FEB 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306257
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Pingree
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: at Home
In Hosp. or Mat. Home ..... days.
In THIS county 3 years 3 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Ida (b) County Bingham
(c) City Pingree
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address ~~Pingree~~
3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Ralph R Cope
5. Date of Birth (Month, day, year) 12 July 1909
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME R.P. Cope
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Kingston (City or town) Mo (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Z Cope
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Beaman (City or town) Mo (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 2/7/41 (Date received) (b) Clyde A. Bridger (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, R.P. Cope, being first duly sworn, say that I am Father (Related to (or) acquainted with) Ralph R. Cope (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Can't recall Name (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

R.P. Cope — Signature
Hamer Ida — P. O. Address

Subscribed and sworn to before me on this 6 day of Feb, 1941

(SEAL) Mary E Turman — Notary Public, residing at Hamer Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

151-122-030-669

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306266
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. in residence
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Two yrs.
(f) Mother's mailing address Salmon, Idaho
3. RESIDENCE of FATHER (city, state): Salmon, Idaho

4. FULL NAME OF CHILD Richard Kenneth Avare
5. Date of Birth (Month, day, year) July 22 - 1909
6. Sex Male
7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd First
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Avare
11. Color or Race American, White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Establishe Springs, Conn. (City or town) (State or foreign country)
14. Exact Occupation Lumber Man, Springs
15. Industry or Business Saw Mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Alice Forner
17. Color or Race White
18. Age at time of THIS birth 3 1/4 yrs.
19. Birthplace New Philadelphia, Ohio (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead one (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 7 1941 (Date received) (b) Clyde A. Bridge Actg (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. J. E. Moats, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Richard Kenneth Avare (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. S. Wright (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs J. E. Moats Signature
Salmon Idaho P. O. Address

Subscribed and sworn to before me on this 4th. day of February, 19 41

(SEAL) W. W. Simmonds, Notary Public, residing at Salmon, Idaho
Clerk of the District Court in and for Lemhi County, Idaho
By Clover Edwards Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/19/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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24K-224-075-315

United States
Department of Commerce
Bureau of the Census

FEB 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306267
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nezperce (b) City Mohler
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Mohler
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 50 yrs.
(f) Mother's mailing address Kamiah Idaho

3. RESIDENCE of FATHER (city, state). 9

4. FULL NAME OF CHILD Goldie Verana Sumpter

5. Date of Birth (Month, day, year) Feb 24 1908

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Fred Sumpter
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace unknown (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gladys Landon
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Milton Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive-stillborn) at 8:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Gladys Smith (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 7 1941 (Date received) (b) Clyde A Bridgman Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature X Mary C. Davis M.D. Midwife, etc.
and address Clarkston Date Jan 29 1941

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/19/41 rmf

APR 2 9 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-109-001-455

United States
Department of Commerce
Bureau of the Census

FEB 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306268
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County: Ada (b) City: Boise Ida
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: St Luke's Hospital
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Canyon
(c) City: Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address: Caldwell Ida

3. **RESIDENCE OF FATHER** (city, state): Caldwell Ida

4. **FULL NAME OF CHILD:** LEWIS DENNIS HOLDERMAN

5. Date of Birth (Month, day, year): Sept 9-1909

6. Sex: male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Frank John Holderman
11. Color or Race: White
12. Age at time of THIS birth: 21 yrs.
13. Birthplace: Weatherby (City or town) Mo (State or foreign country)
14. Exact Occupation: Telegrapher
15. Industry or Business: Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Beatrice B Bernes ~~Holderman~~
17. Color or Race: White
18. Age at time of THIS birth: 20 years
19. Birthplace: Ozark (City or town) Mo. (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: None (b) Born alive and now living
(c) Born alive and now dead: None (d) Stillborn: None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 4 1941 (Date received) (b) Clyde A Bridge (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature:** John Beck MD M.D. or (D.O., Midwife, etc.)
and address: Boise Ida Date 2-6-41

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank John Holderman, being first duly sworn, say that I am Father (Related to (or) acquainted with) Lewis Dennis Holderman (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that John Beck MD (Name of attendant at birth), who attended said birth Cannot locate (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank John Holderman Name
821 So 5th East Salt Lake Utah P. O. Address

Subscribed and sworn to before me on this 3rd day of February 1941

(SEAL) ..... Notary Public, residing at Salt Lake City Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/19/41 rmf
cc 2/19/41 rmf

DELAYED REGISTRATION LAW

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819-116-026-#3

RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306269

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. R.F.D. #1.
(e) How long has MOTHER lived in Idaho? 35 yrs.
(f) Mother's mailing address Rigby R.F.D. 1. Idaho

3. RESIDENCE of FATHER (city, state): Deceased

4. FULL NAME OF CHILD Murray Charles Harper

5. Date of Birth (Month, day, year) Nov. 16 - 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME George Harper
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Summit Co. (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zenobia Jane Sutherland
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Holliday (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) FEB 7 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Kings } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Zenobia Jane Sutherland Harper, being first duly sworn, say that I am related to (Related to (or) acquainted with) Murray Charles Harper (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that R. D. Tucker, M. D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Zenobia Jane Sutherland Harper Signature

R. F. D. 1, Rigby, Idaho P.O. Address

Subscribed and sworn to before me on this 4th day of February, 1941

(SEAL) Notary Public, residing at Lemoore, Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/18/41 rmf

DELAYED REGISTRATION LAW

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

306270

FEB 7 1941

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce
City of Nez Perce
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Raymond Harold Williams

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? Yes

8. Date of birth April 1, 1909 (Month, Day, Year)

FATHER

9. Full name Harold Carl Williams

10. Residence (usual place of abode) (If non-resident, give place and State) [illegible]

11. Color or race White | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) Wasedo, Michigan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work March, 1909

17. Total time (years) spent in this work 5

MOTHER

18. Full maiden name Hanna Marie Hansen

19. Residence (usual place of abode) (If non-resident, give place and State) [illegible]

20. Color or race white | 21. Age at last birthday 36 (years)

22. Birthplace (city or place) (State or Country) Denmark

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work March, 1909.

26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed FEB 7 1941, 193.. Clyde A. Bridges Registrar.

693 - 101 - 035 - 815

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Wash
County of Pierce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Harold C. Williams being first duly sworn says that he is the Father (Relationship of child)* of Raymond Harold Williams born April 1st — 1909 (Date of birth) at Nez Perce, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Raymond Harold Williams hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Kelley, M. D., was the ~~Midwife~~ medical attendant at the birth of said Raymond Harold Williams and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant X Harold C. Williams

P. O. Address POB X 173 - Puyallup Wn

Subscribed and sworn to before me this 5 day of February, 19 41

R. L. Fobes
Notary Public.

Residing at Puyallup Wash, ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

cc 2/19/41 rmf

255-129-016-418

United States
Department of Commerce
Bureau of the Census

FEB 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306273
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 25 years 11 month 5 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 57 yrs.
(f) Mother's mailing address Oakley Idaho
3. RESIDENCE of FATHER (city, state): Oakley Ida

4. FULL NAME OF CHILD Dale M Gee.
5. Date of Birth (Month, day, year) March 29 1909
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Ormus A. Gee
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Stockton (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy J. Dagley
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation House keeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living 6
(c) Born alive and now dead 7 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 7 1941 (Date received) (b) Clyde A Bridge Actg (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Ormus A Gee, being first duly sworn, say that I am the Father (Related to (or) acquainted with) Dale M Gee (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Deceased (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ormus A Gee Signature
Oakley Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of Feb 1 1941

(SEAL) C G Larson Notary Public, residing at Oakley Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/19/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-116-044-955

United States
Department of Commerce
Bureau of the Census

FEB 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306283
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No. C
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Cambridge C Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Frank Mose Hopper

5. Date of Birth (Month, day, year) Nov. 16, 1909

6. Sex M Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Hopper
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Princeton Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Reed
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living #3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 8 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles — } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Samuel Hopper, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Mose Hopper (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. E. Schmitz (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Samuel Hopper Signature
6038 Pine ave Maywood Cal. P. O. Address

Subscribed and sworn to before me on this 5 day of Feby, 1941

(SEAL) Fred Husband Notary Public, residing at Huntington Park Cal.

My Commission Expires February 16, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

456-301-014-893

306337

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

306337

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Canyon.
City of Nampa
No. 1719 - 2nd S. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Corona Dewey.

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2 | 6. Premature ..... Full term yes. | 7. Legitimate? yes. | 8. Date of birth Apr. 1st, 1940. (Month, Day, Year)

FATHER	MOTHER
9. Full name W. C. Dewey.	18. Full maiden name Juliet Hickey
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho.	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho.
11. Color or race white | 12. Age at last birthday 25 (years)	20. Color or race white | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Silver City, Idaho.	22. Birthplace (city or place) (State or Country) Pocatello, Idaho.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Mgr.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hotel.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home.
16. Date (month and year) last engaged in this work At present, 19.. | 17. Total time (years) spent in this work 7 yrs.	25. Date (month and year) last engaged in this work At present, 19.. | 26. Total time (years) spent in this work 4 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? A.g. N.O.3

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 8 a. m. on the date above stated.

(Signed) Geo. O. A. Kluge, M. D.

or ....., Midwife

Address Nampa, Idaho.

Filed 2/19/41, 193.. Clyde A. Bridger, Acting Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

2/19/41 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

306345

RECEIVED SEP 16 1940

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Lewis
City of near Mohler, Idaho.
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Theodore Albert Black.
~~Theodore Albert Black.~~

3. Sex male
If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth Sept. 11th, 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Farnwalt Black.	18. Full maiden name Lulu Pearl De Partee
10. Residence (usual place of abode) (If non-resident, give place and State) Peck, Idaho.	19. Residence (usual place of abode) (If non-resident, give place and State) Peck, Idaho
11. Color or race white 12. Age at last birthday 35 (years)	20. Color or race white 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Silver City, Utah.	22. Birthplace (city or place) (State or Country) Troy, Idaho.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Sept., 19 39	25. Date (month and year) last engaged in this work Sept., 19 40
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother four (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks
30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ~~J. F. Black Father~~, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed Sept. 16, 1940 Clyde A. Bridges Actg. Registrar.

..... Registrar.

231-111-031-457

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 16 1940

State of Idaho.
County of Lewis. } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. James F. Black. being first duly sworn says that she is the mother (Relationship of child)* of Theodore Albert Black.

born Sept 11th, 1909 (Date of birth) at near Mohler, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Theodore Albert Black. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Jeffries ~~Dr. Jeffries of Nezperce, Idaho.~~ M. D., was the Midwife medical attendant at the birth of said Theodore Albert Black. and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Mrs. James F. Black

P. O. Address Peck, Idaho.

Subscribed and sworn to before me this 13th day of September, 1940

Guest F. Maynard
Notary Public.

Residing at Peck, Idaho.

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

255-122 1040-459

RECEIVED

United States
Department of Commerce
Bureau of the Census

FEB 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306368

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No. Gen Delivery
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state): Deceased

4. FULL NAME OF CHILD John Francis Keegan

5. Date of Birth (Month, day, year) 7-22-1909

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd unknown

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Martin Keegan
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Maryland (City or town) U.S.A. (State or foreign country)
14. Exact Occupation Compressorman
15. Industry or Business Mining Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Murphy
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace West Virginia (City or town) U.S.A. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) Feb. 11, 1941 (Date received) (b) Lydia M. Bridger (Registrar's signature)
Acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank A. Hyatt, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Francis Keegan (Name of person on certificate above) Cousin (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Anna Hughes (Name of attendant at birth) who attended said birth not known (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank A. Hyatt Signature

317-3rd Ave P.O. Address

Subscribed and sworn to before me on this 10th day of February, 1941

(SEAL) Gertrude Nuren Notary Public, residing at Seattle, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

31X-107-009-519

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306405
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Bannock (b) City Near Soda Springs Idaho
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: In an unoccupied cheese factory on M. M. C. Fox Ranch on Blackfoot River Idaho.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home — days. In THIS county — years 2 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City We was traveling in covered wagon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 mo yrs.
(f) Mother's mailing address Soda Springs Idaho
3. RESIDENCE of FATHER (city, state) Soda Springs

4. FULL NAME OF CHILD Moylan Calhoun Lamb
5. Date of Birth (Month, day, year) Oct-7-1909
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Ewington De Witt Lamb	16. FULL MAIDEN NAME Harriet Lucinda Vargason
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 34 yrs.	18. Age at time of THIS birth 29 yrs.
13. Birthplace Linn Co. Iowa (City or town) (State or foreign country)	19. Birthplace Creighton Nebraska (City or town) (State or foreign country)
14. Exact Occupation at that time a farmer & sheepshearer	20. Exact Occupation House wife
15. Industry or Business at this time a Well driller	21. Industry or Business House wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 13 1941 (Date received) (b) Clyde A. Bridges Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Josephine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Harriet Lucinda Lamb, being first duly sworn, say that I am related to the mother of (Related to (or) acquainted with) Moylan Calhoun Lamb (Name of person on certificate above) mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I do not know (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Harriet Lucinda Lamb Signature
1185 North 9th Grants Pass Oregon P. O. Address

Subscribed and sworn to before me on this 14th day of February, 1941

(SEAL) Ruth Meeks Notary Public, residing at Grants Pass Oregon

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/20/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

612-106-001-463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306410
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 613 Franklin
(d) Name of Hospital or Maternity Home: 613 Franklin
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 6 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada.
(c) City Boise
(d) Street Address or R.F.D. No. 613 Franklin
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address 613 Franklin

3. RESIDENCE of FATHER (city, state): Boise, Idaho

4. FULL NAME OF CHILD Henry Lewis Fassbender

5. Date of Birth (Month, day, year) Mar. 6, 1909

6. Sex M. 7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____ 8. No. months of Pregnancy Full term 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Fassbender
11. Color or Race W. 12. Age at time of THIS birth 45 yrs.
13. Birthplace Urfeld, Germany (City or town) (State or foreign country)
14. Exact Occupation Shoemaker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Theresa Dollmeier
17. Color or Race W. 18. Age at time of THIS birth 33 yrs.
19. Birthplace Ensbach, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 3 P M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) ____ (Date received) (b) Clyde A Bridge (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Theresa Fassbender, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Henry Lewis Fassbender (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Tukey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Theresa Fassbender Signature
613 Franklin St. P. O. Address

Subscribed and sworn to before me on this 15 day of February, 1941
(SEAL) William A. Hickey Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-112-014-238

United States
Department of Commerce
Bureau of the Census

RECEIVED

FEB 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306471
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Payette
3. RESIDENCE of FATHER (city, state): Payette Ida

4. FULL NAME OF CHILD Emery Merle Beckwith
5. Date of Birth (Month, day, year) May 12 1909
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 8
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thurston Howard Beckwith
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Buchanan (City or town) Mich. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olva Chloe Schubert
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Carey (City or town) Ohio (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Feb. 25, 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, T.H. Beckwith, being first duly sworn, say that I am Relatedto (Related to (or) acquainted with) Emery Merle Beckwith (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr O.H. Avey (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

T. H. Beckwith Signature

Fruitland Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of Feby 1941

(SEAL) [illegible] Notary Public, residing at Payette Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/25/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451-102.003-493

United States
Department of Commerce
Bureau of the Census

RECEIVED

FEB 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306481

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 558 North 6th Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 558 North 6th Ave
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Jerome Idaho

3. **RESIDENCE of FATHER** (city, state): Jerome Idaho

4. **FULL NAME OF CHILD** Arnold De Julis

5. Date of Birth (Month, day, year) March 2nd 1909

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Rocco De Julis
11. Color or Race Italian
12. Age at time of THIS birth 30 yrs.
13. Birthplace Carapelle Calvisio (City or town) Italy (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Dicenzo
17. Color or Race Italian
18. Age at time of THIS birth 27 yrs.
19. Birthplace Carapelle Calvisio (City or town) Italy (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

FEB 18 1941

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of ~~Bannock~~ Jerome } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rocco De Julis, being first duly sworn, say that I am Related (Related to (or) acquainted with) Arnold De Julis (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Castle (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rocco De Julis Signature

Jerome Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of Feb, 1941

(SEAL) J. Shanley Notary Public, residing at Jerome Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

cc 2/26/41 rmf

251 116 035 693

307606

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

REC'D FEB 19 1941

1. PLACE OF BIRTH
County of Nez Perce
City of Gifford
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. 221 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Edward Black

3. Sex M | If plural births: 4. Twin, triplet, or other \ 5. Number, in order of birth \ | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Nov 16, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John H. Black	18. Full maiden name: Mary E Williams
10. Residence (usual place of abode) (If non-resident, give place and State): Gifford	19. Residence (usual place of abode) (If non-resident, give place and State): Gifford
11. Color or race: W	12. Age at last birthday: 49 (years)	20. Color or race: W	21. Age at last birthday: 36 (years)
13. Birthplace (city or place) (State or country): Mo	22. Birthplace (city or place) (State or country): Ill.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housf.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work: 11-15, 1909	17. Total time (years) spent in this work: 25	25. Date (month and year) last engaged in this work: 11-15, 1909	26. Total time (years) spent in this work: 18

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ~

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation \ months or weeks | 30. Cause of stillbirth \ | Before labor \ During labor \

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 8 a.m. on the date above stated.

(Signed) E. E. Watts, M. D.
or ....., Midwife
Address Gifford
Filed 1-27, 1941 E. E. Watts Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)
..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

c.c. 5/29/41. w.h.

266-128 025-659

United States
Department of Commerce
Bureau of the Census

FEB 5 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307614
Local Reg. No. 10
Reg. Dist. No. 210

1. PLACE OF BIRTH: (a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address Kooskia, Ida.
3. RESIDENCE of FATHER (city, state): Kooskia, Ida.

4. FULL NAME OF CHILD Charles Otto Bowles
5. Date of Birth (Month, day, year) December 28 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Bowles
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Marshalltown (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katie Elizabeth Ferrell
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Rockyhill (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Katie Ferrell Bowles (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) 1-27 1941 (Date received) (b) H. A. Shaw (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Otho Bowles Husband (D.O., ~~Midwife~~, etc.) ~~M.D.~~ and address Kooskia, Ida. Date Dec. 28-1909

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Bowles, being first duly sworn, say that I am Father of (Related to (or) acquainted with) Charles Otto Bowles (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth Doctor nor deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Otho Bowles Signature
Kooskia Idah P. O. Address

Subscribed and sworn to before me on this 29 day of Jan, 1941

(SEAL) Grant Smith Notary Public, residing at Orofino Idah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-288-029-236

RECEIVED FEB 20 1941

307643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Genessee
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genessee
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Genessee, Idaho

3. RESIDENCE of FATHER (city, state). same

4. FULL NAME OF CHILD Clara Elizabeth Thompson

5. Date of Birth (Month, day, year) March 18 1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jim Thompson
11. Color or Race white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Jackson Co. Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Anna Stott
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Hannibal, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by L. A. Thompson (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) FEB 20 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs Geo Vowels M.D. (D.O., Midwife, etc.)
and address Greenacres, Wash. Date

State of New Mexico, County of Curry } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, L. A. Thompson, being first duly sworn, say that I am mother (Related to (or) acquainted with) (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Geo. Vowels (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lydia Anna Thompson Signature
Clovis, New Mexico, P. O. Address

Subscribed and sworn to before me on this 18th day of February, 1942

(SEAL) Irene Bayless Notary Public, residing at Clovis, N.M.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/26/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

438-208 028 749

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

FEB 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307669
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address Harrison, Idaho

3. RESIDENCE of FATHER (city, state) Harrison, Ida.

4. FULL NAME OF CHILD Frances Mary Margaret McHenry

5. Date of Birth (Month, day, year) November 8, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas McHenry
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Rutherford County (City or town) Tenn. (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Liquor

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Effie Grigsby
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Shawnee (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) 2/18/1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of California
County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Agnes Russell, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Frances Mary Margaret McHenry (Name of person on certificate above) as Acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Agnes Russell — Signature
1808 Third Ave., San Diego, Calif. — P. O. Address

Subscribed and sworn to before me on this 17th day of February, 19 41

(SEAL) Eugene Klein — Notary Public, residing at San Diego, Calif.

2/27/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

957105040000

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 21 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307673
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Shoshone (b) City: Wardner
(c) Street Address or R F D No.: no house No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home: no days.
In **THIS** county: years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Shoshone
(c) City: Wardner
(d) Street Address or R.F.D. No.: none don't kno
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address: She ~~is dead~~ Don't know
3. **RESIDENCE OF FATHER** (city, state):

4. **FULL NAME OF CHILD:** Clinton Inghram
5. Date of Birth (Month, day, year): Sept.5,1909
6. Sex: Male
7. Twin or Triplet: no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: don't know Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Major Inghram
11. Color or Race: White
12. Age at time of THIS birth: don't know yrs.
13. Birthplace: Don't know (City or town) (State or foreign country)
14. Exact Occupation: miner
15. Industry or Business: mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Hattie
17. Color or Race: White
18. Age at time of THIS birth: don't know years
19. Birthplace: Don't know (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: none

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Don't know.
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2
(c) Born alive and now dead: 0 (d) Stillborn: 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 21 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ethel Skelton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clinton Inghram (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ethel Skelton — Name
Los Angles, California — P. O. Address

Subscribed and sworn to before me on this 18th day of February, 1941.

(SEAL) T. Stocker Notary Public, residing at 1073 3rd Pdwy.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-107001-413

307687

United States
Department of Commerce
Bureau of the Census

RECEIVED FEB 24 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 307687

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Clinton Albert Bentley.

5. Date of Birth (Month, day, year) May - 7 - 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Herbert Bentley
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Shelbyville (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada May Matlock
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Original Filed in Ada County Records, Page 21, Certificate #279, as of May 1909. Reason for filing of this record is lack of name on original.

26. (a) Feb. 24, 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada May Bentley, being first duly sworn, say that I am mother (Related to (or) acquainted with) Clinton Albert Bentley (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that C. L. Dutton, M.D. (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ada May Bentley. Signature

#6 Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 24th day of February 1941.

(SEAL) Agnes Dunn Notary Public, residing at Boise, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

492-216 035-168

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307700
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state): Lew-Idaho

4. FULL NAME OF CHILD Katherine Caroline Mikkelson
5. Date of Birth (Month, day, year) Sept. 16, 1909
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mac B. Mikkelson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace ..... (City or town) Denmark (State or foreign country)
14. Exact Occupation Flaumill
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eunice Gokeen
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace ..... (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Feb. 21, 1941 (Date received) (b) Patricia Burke Deputy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I M. B. Mikkelson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Katherine Caroline Mikkelson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. W. Shaff (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

M. B. Mikkelson Signature
1064 - 4th Street - Lewiston P. O. Address

Subscribed and sworn to before me on this 21 day of February, 1941.

(SEAL) Philip Weingeist Notary Public residing at

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, [illegible] has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2/27/41 L. B.

713-109-DK-234 RECEIVED 307729

United States Department of Commerce Bureau of the Census

MAR 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307729

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Canyon (b) City Falk Store
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State Idaho (b) County Canyon
(c) City Falk Store
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Falk Store, Idaho
3. RESIDENCE of FATHER (city, state) Falk Store, Idaho

4. FULL NAME OF CHILD George Andrew Patton

5. Date of Birth (Month, day, year) Nov. 9, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Charles Albert Patton
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Livestock

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Ethel Stuart
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Falk Store Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) MAR 7 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha E. Patton, being first duly sworn, say that I am Related (Related to (or) acquainted with) George Andrew Patton (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Hoagland (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bertha E. Patton — Signature

Jerome, Idaho — P. O. Address

Subscribed and sworn to before me on this 6 day of March 1941

(SEAL) Fred White — Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-20-041-245

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307734
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Teton (b) City Bates
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: John J. Miller, Residence
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home full time days. In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Victor, Bates
(d) Street Address or R.F.D. No. I.
(e) How long has MOTHER lived in Idaho? [redacted] yrs.
(f) Mother's mailing address Victor, Idaho
3. RESIDENCE of FATHER (city, state). [redacted], Idaho

4. FULL NAME OF CHILD Amanda Annie Elizabeth [redacted] Miller
5. Date of Birth (Month, day, year) Jan. 1, 1909.
6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes.

FATHER OF CHILD
10. FULL NAME John J. Miller.
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Switzerland. (City or town) (State or foreign country)
14. Exact Occupation Rancher + farmer.
15. Industry or Business None.

MOTHER OF CHILD
16. FULL MAIDEN NAME Clara Kung.
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Bern Idaho. (City or town) (State or foreign country)
20. Exact Occupation Farmer's wife.
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Bates, Idaho, M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

Father was Attendant

26. (a) 3/7/41 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)
25. Attendant's OWN signature John J. Miller (D.O., Midwife, etc.)
and address Date
27. Given name added on by (Registrar's signature)

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-103-041-553

United States
Department of Commerce
Bureau of the Census

REGISTRAR'S NOTE: (Where the information is as of date of birth of THIS child)

FEB 24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307756
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Teton (b) City Driggs
(c) Street Address or R.F.D. No. Chapin Ward
(d) Name of Hospital or Maternity Home: Home Delivery
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Driggs
(d) Street Address or R.F.D. No. Chapin Ward
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address Marysville, Idaho
3. RESIDENCE of FATHER (city, state): Marysville, Idaho

4. FULL NAME OF CHILD Evan Lund Nelson
5. Date of Birth (Month, day, year) April 3, 1909
6. Sex male
7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy nine
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Anthony Nelson
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Goshen (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Daisy Nelson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace New York City (City or town) New York (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 24 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, David Anthony Nelson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Evan Lund Nelson (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Cully (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

David Anthony Nelson Signature
Marysville Idaho P. O. Address

Subscribed and sworn to before me on this 20th day of Feb 1941

(SEAL) Lyman G. Fuller Notary Public, residing at Ashton Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307758
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 314 Warm Springs Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 314 Warm Springs Ave
(e) How long has **MOTHER** lived in Idaho? Born yrs.
(f) Mother's mailing address: 314 Warm Springs Ave
3. **RESIDENCE OF FATHER** (city, state): Boise, Ida

4. **FULL NAME OF CHILD:** Eugenia Lucretia Hunt
5. Date of Birth (Month, day, year): 4/24/1909
6. Sex: Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9 mo.
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** Alfred Clifton Hunt
11. Color or Race: White
12. Age at time of THIS birth: 37 yrs.
13. Birthplace: San Antonio (City or town) Texas (State or foreign country)
14. Exact Occupation: Police Officer
15. Industry or Business: Police Force

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Lucretia Amelia Pinkham
17. Color or Race: White
18. Age at time of THIS birth: 30 years
19. Birthplace: Silver City (City or town) Idaho (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 2 (c) Born alive and now dead: None (d) Stillborn:

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 24 1941 (Date received) (b) Chas. A. Bridge Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alfred Clifton Hunt, being first duly sworn, say that I am Related (Related to (or) acquainted with) Eugenia Lukretia Hunt (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George Collister (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alfred Clifton Hunt ..... Name
1422 So. Hobart Blvd. Los Angeles California ..... P. O. Address

Subscribed and sworn to before me on this 6th day of February, 1941

(SEAL) Tillie M. Rose ..... Notary Public, residing at Los Angeles California

My Commission Expires Sept. 30, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/1/41 Z.J.

845-24-001-795

PLACE OF BIRTH

County of Ada

City of Boise

No. 120 W. S. Ave St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 307758

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Eugenia Lucretia Hunt

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Female				Yes.	April 24 1909 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3rd (a) Born alive and now living Three

Born alive but now dead None Stillborn None

FATHER	MOTHER
FULL NAME Alfred Hunt	FULL MAIDEN NAME Lula Tinkham
Residence (Usual place of abode) Boise	Residence (Usual place of abode) Boise
If nonresident, give place and State	If nonresident, give place and State
Color or race white Age at last Birthday 34 (Years)	Color or race white Age at last Birthday 30 (Years)
Birthplace (City and State or Country)	Birthplace (City and State or Country)
Occupation Policeman	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Eva Collett

(Physician or midwife)

Address .....

Filed April 1923

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-108014-356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307809
Local Reg. No.
Reg. Dist. No.

FEB 27 1941

1. PLACE OF BIRTH:
(a) County Canyon (b) City near Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county — years 11 months days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 months yrs.
(f) Mother's mailing address Parma, Idaho

3. RESIDENCE of FATHER (city, state): Parma, Idaho

4. FULL NAME OF CHILD John George Gorow
5. Date of Birth (Month, day, year) July 8, 1909
6. Sex Boy
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Franklin Gorow
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Lisle (City or town) Illinois (State or foreign country)
14. Exact Occupation Principal of
15. Industry or Business Parma school

MOTHER OF CHILD

16. FULL MAIDEN NAME Marion Lewis Gorow
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Christian Co. (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 27 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Wash
County of Pierce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marion Lewis Gorow, being first duly sworn, say that I am related to (Related to (or) acquainted with) John George Gorow (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Allen of Parma, Ida (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Marion Lewis Gorow Signature
Tacoma, Wash. P. O. Address

Subscribed and sworn to before me on this 25th day of Feb., 1941

(SEAL) E L Jones Notary Public, residing at Tacoma Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/28/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Vol. 3, Michie Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-11 Bull
029-715

United States Department of Commerce Bureau of the Census

RECEIVED MAR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307916

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: at family Home
In Hosp. or Mat. Home ..... days.
In THIS county 20 years 7 month 10 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Princeton, Idaho

3. RESIDENCE of FATHER (city, state) Princeton, Idaho.

4. FULL NAME OF CHILD Alec Lemuel Bull

5. Date of Birth (Month, day, year) Feb. 19, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Bull
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace St. Francis, (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Addie Bell Pankey
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Princeton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home-making

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living ~~four~~ 1
(c) Born alive and now dead none (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Addie Bull (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 3 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs Ella Mendenhall ~~M.D.~~ ~~(D.O.)~~, Midwife, ~~etc.~~
and address Princeton, Idaho Date Feb. 28, '41.

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-228'01029K

RECEIVED

MAR 3 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

307920

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Swan Valley
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Swan Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Swan Valley Id
3. **RESIDENCE OF FATHER** (city, state) Swan Valley Idaho

4. **FULL NAME OF CHILD** Beryl Amelia Fisher
5. Date of Birth (Month, day, year) Dec. 28-1909
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? L

FATHER OF CHILD

10. **FULL NAME** John C Fisher
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Fire Mile (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Joanna Austin Brown
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Centerville (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Joanna Fisher (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) MAR 3 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting Clyde A. Bridger

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joanna Fisher, being first duly sworn, say that I am related To (Related to (or) acquainted with) Beryl Amelia Fisher (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lamar Weeks (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Joanna A. Fisher ..... Name
Swan Valley, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 25th day of February

(SEAL) Grace Traughber Notary Public, residing at Swan Valley

Comm. expires Oct. 15, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/5/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

842-124-022-064

United States Department of Commerce Bureau of the Census

RECEIVED MAR 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

307956

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. at own Residence
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Troy ~~Montana~~
3. RESIDENCE of FATHER (city, state): Troy ~~Montana~~

4. FULL NAME OF CHILD Kenneth Austin Hubbard
5. Date of Birth (Month, day, year) 9-24-1909
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Morgan Hubbard
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Buffalo (City or town) New York (State or foreign country)
14. Exact Occupation Electric & Steam & Hydraulic Eng
15. Industry or Business Elec. & Radio Repair etc

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Ozette Hodgson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Madawaski (City or town) Maine (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Maie Hubbard (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 4 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ✓ M.D. (D.O., Midwife, etc.)
and address Date

State of Montana
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Albert Morgan Hubbard, being first duly sworn, say that I am Related (Related to (or) acquainted with) Kenneth Austin Hubbard (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr AH West MD (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

A. M. Hubbard Signature
Troy Montana P. O. Address

Subscribed and sworn to before me on this 21st day of February, 1941.

(SEAL) Lou Mazzey Notary Public, residing at

NOTARY PUBLIC in and for the State of Montana, residing at Troy, Montana. My Commission expires March 7, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/6/41 rmf

MAR 21 1972
AUG 29 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-120-003-366

307968

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Virginia
(c) Street Address or R.F.D. No. R.F.D. # 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. at home
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Virginia
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? all life yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Parley J Bennett
5. Date of Birth (Month, day, year) May 20 1909
6. Sex M.
7. Twin or Triplet Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Amasa Bennett
11. Color or Race W.
12. Age at time of THIS birth 34 yrs.
13. Birthplace Kaysville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Coffin
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Downey (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 11.30 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A. Bridge Actg (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Amasa Bennett, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Parley J. Bennett (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Arnach (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John Amasa Bennett (Signature)
109 E 6th St. Rupert, Idaho P.O. Address

Subscribed and sworn to before me on this 24th day of February, 1941

(SEAL) H A Boyer Notary Public, residing at Rupert, Idaho
Probate Judge.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/6/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-130-014-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 307976

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

Canyon FEB 25 1941

1. PLACE OF BIRTH:
(a) County ~~[illegible]~~ (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home on the farm
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Ida (b) County ~~Ioma~~ Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Emmett Ida

3. RESIDENCE of FATHER (city, state) Emmett Ida

4. FULL NAME OF CHILD Gene Elbert McProud

5. Date of Birth (Month, day, year) 8-30-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Orville Chester McProud
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Louisville (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Phebe Turner
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Bedford (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum boric acid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at ~~the~~ place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 4 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of ~~Canyon~~ Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ~~Phebe Turner~~, being first duly sworn, say that I am related to (~~Related to~~ (or) acquainted with) Gene Elbert McProud (Name of person on certificate above) as mother (~~State relationship or acquaintance~~), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rob[illegible] (Name of attendant at birth), who attended said birth ..... (~~Is now deceased~~ (or) cannot be located) and that this birth **has not been previously recorded.**

~~Mrs Phebe Turner~~ Mrs Phebe J McProud Signature

Homedale Idaho P. O. Address

Subscribed and sworn ~~to before~~ me on this 21 day of Feb, 1941

(SEAL) M H Robinson Notary Public, residing at Caldwell Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/6/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-208-018-265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 6 1941

State File No. 308027
Local Reg. No. 36
Reg. Dist. No. 210

1. PLACE OF BIRTH:
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address ~~Spokane Wash~~
3. RESIDENCE of FATHER (city, state): ~~Spokane Wa.~~

4. FULL NAME OF CHILD Joan Carole Smith
5. Date of Birth (Month, day, year) Sept 7, 1909
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Mike Smith
11. Color or Race American
12. Age at time of THIS birth 33 yrs.
13. Birthplace Washington (City or town) New Jersey (State or foreign country)
14. Exact Occupation Locomotive, Engineer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Molly Mae Bonner
17. Color or Race American
18. Age at time of THIS birth 23 yrs.
19. Birthplace Dry Fork (City or town) West Virginia (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at evening M. on the date and at the place stated above, and that personal particulars were furnished by sel. (First name) (Last name), who is ~~related to this child as~~ (Mother, etc.)

26. (a) 3/4-1941 (Date received) (b) W. A. Shaw (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs Jessie Cummings M.D. (D.O., Midwife, etc.)
and address Orofino Ida Date 3/3/41

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jessie Cummings, being first duly sworn, say that I am related to (Related to (or) acquainted with) Joan Carole Smith (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I attended (Name of attendant at birth), ~~who attended~~ said birth ~~—~~ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Jessie Cummings Signature
Orofino Idaho P.O. Address

~~Subscribed and sworn to before me on this~~ 4th day of March, 1941

(SEAL) Grace E. Smith Notary Public, residing at Orofino Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

L C 3/11/41 RMF

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-104-022-652

United States
Department of Commerce
Bureau of the Census

RECEIVED MAR 8 1941 FEB 20

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308133
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Freemont (b) City Clawson
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Delivery at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Clawson
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address Clawson Idaho

3. RESIDENCE of FATHER (city, state) Clawson Idaho

4. FULL NAME OF CHILD Clive Henrie
5. Date of Birth (Month, day, year) Feb 4, 1909
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy —
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Henrie
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Manti (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Elizabeth Wetzel
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Manti (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 20 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Acting

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lazelle Henrie, being first duly sworn, say that I am related to Clive Henrie (Name of person on certificate above) as Little Brother (State relationship or acquaintance) (Related to (or) acquainted with), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ora Keith (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lazelle Henrie
Signature
Meoland Utah
P. O. Address

Subscribed and sworn to before me on this 18 day of Feb, 1941

(SEAL) Notary Public residing at Newhall-Calif

NOTARY PUBLIC
In and for the County of Los Angeles, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/13/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-125-020-396

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308135
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in town at own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 10 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry
(d) Street Address or R.F.D. No. at own home
(e) How long has MOTHER lived in Idaho? 17 yrs.
(f) Mother's mailing address Glenns Ferry Idaho

3. RESIDENCE of FATHER (city, state): Same

4. FULL NAME OF CHILD Robert William Mink

5. Date of Birth (Month, day, year) July 25, 1909

6. Sex male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Fletcher Mink
11. Color or Race white
12. Age at time of THIS birth 34 (34) yrs.
13. Birthplace Grayson County, Va. (City or town) (State or foreign country)
14. Exact Occupation day laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie S. Croxall
17. Color or Race white
18. Age at time of THIS birth 27 (27) yrs.
19. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know if any used
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 8 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie S. Mink, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Robert William Mink (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr J W Davis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Annie S. Mink — Signature
Gooding Idaho — P. O. Address

Subscribed and sworn to before me on this 5th day of March, 1941

(SEAL) Leura W. Lucke Notary Public, residing at Gooding Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451-226-006-413

United States
Department of Commerce
Bureau of The Census

RECEIVED
MAR 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308138
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. 5
(d) Name of Hospital or Maternity Home: Birth at residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 45 yrs.
(f) Mother's mailing address Shelley, Idaho

3. RESIDENCE of FATHER (city, state): ~~Deceased~~

4. FULL NAME OF CHILD Hazel Eugene Dearden

5. Date of Birth (Month, day, year) Jan. 26, 1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Thomas Dearden
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Porterville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Pearl Mathews
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 8 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carrie H. Sherburne, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Hazel Eugene Dearden (Name of person on certificate above) as neighbor at time of birth (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Pendelton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carrie H. Sherburne Signature
1346 No. Grant Ave., Poca tello, Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of March, 19 41.
(SEAL) J. A. McQuillan Notary Public, residing at Pocatello, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/13/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-118040-393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308157
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Shoshone (b) City: Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Providence Hospital
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. 8 days. In **THIS** county ..... years 11 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Montana (b) County: Granite
(c) City: Philipsburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD:** Forrest John McKenzie
5. Date of Birth (Month, day, year): Sept 18 1909
6. Sex: Boy
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Roderick Kenneth McKenzie
11. Color or Race: White
12. Age at time of THIS birth: 28 yrs.
13. Birthplace (City or town): Sherbrooke (State or foreign country): Canada
14. Exact Occupation: Rail Road Engineer
15. Industry or Business: M. P. R. R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Frances Holland Titus
17. Color or Race: White
18. Age at time of THIS birth: 22 years
19. Birthplace (City or town): Havana (State or foreign country): Illinois
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was 1 (born alive, stillborn) at ~~Providence Hospital~~ Record at M. on the date and at the place stated above, and that personal particulars were furnished by Frances McKenzie (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) FEB 7 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Montana
County of Granite } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Frances McKenzie Harrington, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Forrest John McKenzie (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Beard (Name of attendant at birth), who attended said birth X (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Frances McKenzie Harrington Name
Philipsburg Montana P. O. Address

Subscribed and sworn to before me on this 29 day of October

(SEAL) M. Fitzgerald Notary Public, residing at Philipsburg Mont.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received~~ and filed ~~by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 130-025-816

RECEIVED MAR 3 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308159
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Riggins
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
~~(a) State Idaho~~ (b) County Idaho
(c) City Riggins
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Donald Raymonde Parkinson
5. Date of Birth (Month, day, year) 4/30/09
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME milton william Parkinson
11. Color or Race white
12. Age at time of THIS birth ✓ yrs.
13. Birthplace Riggins (City or town) Idaho (State or foreign country)
14. Exact Occupation Church Work.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine HAWES
17. Color or Race white
18. Age at time of THIS birth ..... yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that ~~personal particulars were furnished by~~ ..... (First name) (Last name), who is related to this child as .....

26. (a) MAR 3 1941 (Date received) (b) Clyde A. Bridger (Mother, etc.) Acting (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Alameda } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edward Omal Sears, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Donald Raymond Parkinson (Name of person on certificate above) as since child (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth unknown (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

E O Sears. Signature
225 Parkview Terrace. Oakland Cal. Address

Subscribed and sworn to before me on this 27th day of Feb, 1941

(SEAL) C E Paul Notary Public, residing at Oakland Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-226-029-659

308166

United States
Department of Commerce
Bureau of the Census

RECEIVED

MAR 10 1941

(Before the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Remained Home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho. (b) County Latah.
(c) City Troy Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address Tekoa, Wash. Box 82
3. RESIDENCE of FATHER (city, state). deceased

4. FULL NAME OF CHILD Iva Vivian Atkinson.
5. Date of Birth (Month, day, year) Jan. 26. 1909.
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Warren Atkinson
11. Color or Race White.
12. Age at time of THIS birth 44 yrs.
13. Birthplace Toronto, Canada. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Kate Every
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Wayland. Henry Co. Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 10 1941 (Date received) (b) Clyde A. Bridges Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Kate Atkinson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Iva Vivian Atkinson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emma Torrell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Kate Atkinson Signature
Tekoa, Wash. P. O. Address

Subscribed and sworn to before me on this 4th day of March, 1941

(SEAL) [signature] Notary Public, residing at Tekoa, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/13/41 SAF

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the ~~purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-127-02/454

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 10 1941

State File No. 308186
Local Reg. No. 66
Reg. Dist. No. 540

1. PLACE OF BIRTH:
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Daniel Peter Jensen

5. Date of Birth (Month, day, year) Feb 27, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Amos Bernard Christen Jensen
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary C. Andreason
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Mink Creek Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Family Record (First name) (Last name), who is related to this child as Mother's record (Mother, etc.)

26. (a) 3/7/41 (Date received) (b) G.W. Sealy (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, E. A. Jensen, being first duly sworn, say that I am Brother of (Related to (or) acquainted with) Daniel Peter Jensen (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Allen R. Cutler Sr (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

E. A. Jensen Signature
545 So 1st East Preston Ida. P. O. Address

Subscribed and sworn to before me on this 8 day of March, 1941

(SEAL) ____ Notary Public, residing at Preston Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/14/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

339 —

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

308217

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. 4th Ave. East St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD CRATE PATRICK CLINE

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Mar. 8, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Lowia Lafayette Cline	18. Full maiden name: Hanorah Catherine Wynn
10. Residence (usual place of abode) (If non-resident, give place and State): Michigan, N.D.	19. Residence (usual place of abode) (If non-resident, give place and State): Michigan, N.D.
11. Color or race: White 12. Age at last birthday: 62 (years)	20. Color or race: white 21. Age at last birthday: 56 (years)
13. Birthplace (city or place): Cordon, (State or Country): Indiana	22. Birthplace (city or place): Lisbon (State or Country): North Dakota
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: at present, 19	25. Date (month and year) last engaged in this work: at present, 19
17. Total time (years) spent in this work: 30	26. Total time (years) spent in this work: 36

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): one
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 8:30 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dora Wynne Cline, M.D.

or ..... Mother, M.D.

Address Michigan, N. Dakota.

Give name added from a supplemental report .....

(Date of) .....

Filed Mar 11 41, 193 Clyde A. Bridges Registrar.

Registrar.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

339 - 108-042-685

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Twin Falls~~ Idaho
County of Twin Falls } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Dora Wynn Cline being first duly sworn says that she is the mother of Crate Patrick Cline
(Relationship of child)*

born March 8, 1909 at Twin Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Crate Patrick Cline hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Patrick Wynn was the Midwife medical attendant at the birth of said Crate Patrick Cline and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Dora Wynn Cline
P. O. Address 244 5th Ave. E., Twin Falls, Idaho

Subscribed and sworn to before me this 8th day of March, 19 41

O. A. Baum
Probate Judge
Residing at Twin Falls, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

cc 3/14/41 [illegible]

4/92-219-007665

308218

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 2 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2½ yrs. yrs.
(f) Mother's mailing address Soldier, Idaho

3. RESIDENCE of FATHER (city, state): Soldier, Idaho

4. FULL NAME OF CHILD Leona Belle Disney

5. Date of Birth (Month, day, year) April 19, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Edgar Disney
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Redding, California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Fonger
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Kennesaw, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead one (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Fonger Disney (First name) (Last name), who is related to this child as Mother (Mother, etc.)

RECEIVED

26. (a) MAR 11 1941 (Date received) (b) Clyde A. Badger Actg (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Washington
County of Stevens } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie Fonger Disney Logan, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leona Belle Disney (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kingsley & Mrs. Coy (Name of attendant at birth), who attended said birth are now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nellie Disney Logan — Signature
Orient, Washington — P. O. Address

Subscribed and sworn to before me on this 10th day of March, 19 41

(SEAL) ____ Notary Public, residing at Colville, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/15/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

317-104102 2-912

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308227
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County ~~Jefferson~~ Fremont (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD: Charles Ernest Lapacek
5. Date of Birth (Month, day, year): June 4th, 1909
6. Sex: male
7. Twin or Triplet: single
If so—born 1st, 2nd, 3rd: 1st
8. No. months of Pregnancy: 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME: Charles Lapacek
11. Color or Race: white
12. Age at time of THIS birth: 30 yrs.
13. Birthplace: Schyler (City or town) Nebraska (State or foreign country)
14. Exact Occupation: laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Daisy Rassmussen
17. Color or Race: white
18. Age at time of THIS birth: 18 yrs.
19. Birthplace: Cheyenne, Wyo. (City or town) (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 12 1941 (Date received) (b) Clyde A. Bridge Actg (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Lapacek, being first duly sworn, say that I am related (Related to (or) acquainted with) Charles Ernest Lapacek (Name of person on certificate above) as I am his father, (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Freeman (Name of attendant at birth), who attended said birth his mother is decd, (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles Lapacek Signature
Roberts, Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of March, 1941
(SEAL) Nash R Rassmussen Notary Public, residing at Rigby, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 106.011-23

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308248
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Bonners Ferry ~~Idaho~~

4. FULL NAME OF CHILD Edwin Paige Williams
5. Date of Birth (Month, day, year) October 6, 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Full
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Taylor Williams
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Virginia (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian St. John
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Virginia (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED
MAR 13 1941

26. (a) (Date received) (b) Clyde A. Bridges (Registrar's signature)
Acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, R. M. Bowell, M. D., being first duly sworn, say that I am Acquainted with (Related to (or) acquainted with) Edwin Paige Williams (Name of person on certificate above) as friend (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that E. E. Fry, M D (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded. and that the above record is taken by me from the personal files of E. E. Fry, M D which are now in my possession.

X R. M. Bowell M. D. Signature

Bonners Ferry, Idaho P. O. Address

Subscribed and sworn to before me on this 11 day of March, 1941

(SEAL) J. M. Nally Notary Public, residing at Bonners Ferry, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-122-006-464

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308250
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 86 Bingham St.
(d) Name of Hospital or Maternity Home: Confined at home - 86 Bingham St
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot.
(d) Street Address or R.F.D. No. 86 Bingham St.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address 86 Bingham St.

3. RESIDENCE of FATHER (city, state). Blackfoot Ida

4. FULL NAME OF CHILD Louis Joseph Grimaud

5. Date of Birth (Month, day, year) March 22, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Adrien Grimaud
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Paris, France (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Eveline Dentrie
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 13 1941 (Date received) (b) Clyde A Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Andrie F. Grimaud, being first duly sworn, say that I am related to (Related to (or) acquainted with) Louis Joseph Grimaud (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Davis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Andrie F. Grimaud Signature
461 - Orange Ave., Coronado, Calif. P. O. Address

Subscribed and sworn to before me on this 10 day of March, 1941

(SEAL) Nathaniel Gardner Notary Public, residing at Coronado, Calif.

NOTARY PUBLIC in and for the County of San Diego, State of California My Commission Expires March 16, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/13/4 KAN

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-113-033-386

United States
Department of Commerce
Bureau of the Census

RECEIVED MAR 17 1941

(The information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308263
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Madison (b) City Thornton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: At home
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Thornton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address Thornton, Idaho
3. RESIDENCE of FATHER (city, state): Thornton

4. FULL NAME OF CHILD Donald R. Jensen
5. Date of Birth (Month, day, year) Nov. 13, 1909
6. Sex Boy
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME John Frederick Jensen
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation R.R. Contractor
15. Industry or Business R.R.

MOTHER OF CHILD
16. FULL MAIDEN NAME Ellen Augusta Thornton
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace S.L. City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ellen Jensen (First name) (Last name), who is related to this child as mother (Mother, etc.)

MAR 17 1941

26. (a) (Date received) (b) Clyde A. Bridge (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature H. A. Anderson M.D. (D.O., Midwife, etc.)
and address Rigby, Idaho Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/24/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. 298-123-018-235 at that time

PLACE OF BIRTH

County of Clearwater (Nez Perce)

City of Orofino

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED

MAR 13 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

308268

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Bryant, Don Hamilton

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. ~~Premature~~ ..... Full term .....

7. Legitimate? Yes

8. Date of birth 2/23/09, 193..... (Month, Day, Year)

FATHER

9. Full name Bryant, John M

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race W | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Kentucky

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 10 years

MOTHER

18. Full maiden name Stearns, Lydia Larina

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race W | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Washington

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work 3 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or X Mrs M. S. Puckett, Midwife

Address Mohler Idaho

Filed March, 1941 Clyde A. Bridges Acting Registrar.

396-106-006-634

308269

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 12 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Blackfoot, Idaho
3. RESIDENCE of FATHER (city, state): Same

4. FULL NAME OF CHILD Newel Squire Crowley
5. Date of Birth (Month, day, year) July 6, 1909
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clarence Edmund Crowley
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Assessor Bingham County
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Chesbead
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace American Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Mar. 17, 1941 (Date received) (b) Clyde A. Bridge (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Bernardino } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary E. Crowley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Newel Squire Crowley (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Edna Brown (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary E. Crowley Signature
Ontario, California P. O. Address

Subscribed and sworn to before me on this 15 day of March, 1941

(SEAL) L. E. Crowley Notary Public, residing at Ontario, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-230-036-154

United States
Department of Commerce
Bureau of the Census

RECEIVED

MAR 1 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308341

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Oneida (b) City Weston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence about 4 miles from Town
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years 1 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Cornish, Utah

3. RESIDENCE of FATHER (city, state): Utah

4. FULL NAME OF CHILD Dorcas Peterson

5. Date of Birth (Month, day, year) May 30. 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Peter Oliver Peterson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Elizabeth Anderson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Lewiston (City or town) Utah (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 3/20/41 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida Elizabeth Peterson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dorcas Peterson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Fredrickson (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ida Elizabeth Peterson Signature

862 Ladera Pasadena P.O. Address Calif.

Subscribed and sworn to before me this 10th day of March, 1941

(SEAL) NOTARY PUBLIC

Notary Public, residing at

in and for the County of Los Angeles, State of California

My Commission Expires Apr. 4, 1945 No. Lake, Pasadena Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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695-114-035-342

RECEIVED

308352

United States
Department of Commerce
Bureau of the Census

MAR 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Nez Perce (b) City Lewiston,
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Lewiston, Ida.

4. FULL NAME OF CHILD Floyd Norman Finnell
5. Date of Birth (Month, day, year) Aug. 14, 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Clarke Finnell
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Odessa, Lafyette Co., Mo. (City or town) (State or foreign country)
14. Exact Occupation Common laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Lusk
17. Color or Race White
18. Age at time of THIS birth ____ yrs.
19. Birthplace ____ (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 18 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillian Finnell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Floyd Norman Finnell (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. B. Morris (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lillian Finnell Signature

Lewiston, Idaho. P. O. Address

Subscribed and sworn to before me on this 17 day of March, 1941.

(SEAL) Phil Hengeler Notary Public, residing at

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/25/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-107-020-312

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308360
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days. At Home
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Over 5 yrs.
(f) Mother's mailing address Mountain Home
3. RESIDENCE of FATHER (city, state): Mountain Home

4. FULL NAME OF CHILD John Casey Brennan
5. Date of Birth (Month, day, year) August 7th 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Patrick Francis Brennan
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Kerry County (City or town) Ireland (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business Oregon Short Line R. R. Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Bridget Casey
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Mayo County (City or town) Ireland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Mar. 18, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Helen Schatz, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Casey Brennan (Name of person on certificate above) as cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the name of the Doctor (Name of attendant at birth), who attended said birth is unknown (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Helen Schatz Signature
1014 North Hayes, Pocatello, Idaho P.O. Address

Subscribed and sworn to before me on this 17th day of March, 19 41
(SEAL) [illegible] Notary Public, residing at Pocatello, Idaho
My Comm. Exp. Nov. 16, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/25/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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391-119-001-893

United States
Department of Commerce
Bureau of the Census

RECEIVED [redacted] e su[redacted] the information is complete and accurate)

MAR 21 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309264
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 16th & Front St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county 20 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 16th & Front
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address (For registration notice):
215 Goodman St Boise
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise Ida.

4. **FULL NAME OF CHILD** Carroll David Cramer

5. Date of Birth (Month, day, year) May 19-1909

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy Full term

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis D. Cramer

11. Color or Race W

12. Age at time of THIS birth 29 yrs.

13. Birthplace — (City or Town) Mo (State or foreign country)

14. Exact Occupation Fire Man

15. Industry or Business Boise Fire Dept

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Jane Hilt

17. Color or Race W

18. Age at time of THIS birth 23 yrs.

19. Birthplace Stockton (City or Town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNO3 - 1% sol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 1:20 A.M. on the date and at the place stated above, and that personal particulars were furnished by Addie Cramer (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAR 21 1941 (Date received) (b) Maud F. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** John Brock M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 3-19-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

JAN 21 1948

4/2/41 L. B.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It sh[illegible] the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, g[illegible] the particulars required by this article, with the local registrar of the district in which the birth occurred, *with[illegible] after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or m[illegible] the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent [illegible] public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital M[illegible]lformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

217-202-01-X217

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309317
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Parma
(c) ~~Street Address~~ or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 6 years 2 month — days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Parma Rt 2

3. RESIDENCE of FATHER (city, state): Parma Idaho

4. FULL NAME OF CHILD Elsie Marie Bartles
5. Date of Birth (Month, day, year) July 2, 1909
6. Sex Female
7. ~~Twin or~~ Triplet ~~If so—born 1st, 2nd, 3rd.~~
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Aaron Bartles
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Frankfort (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer and Carpenter
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Janet Bagley
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Elmo. Mo. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1
(c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 21 1941 (Date received) (b) Mabel F Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura J. Bartles Nelson, being first duly sworn, say that I am related to (Mother) of (Related to (or) acquainted with) Elsie Marie Bartles (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr R.E. Cleen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Laura J Bartles Nelson Signature
Route 2 Box 241, Bend, Ore. P. O. Address

Subscribed and sworn to before me on this 11th day of March 1941

(SEAL) Eleanor Becker Notary Public, residing at Bend Oregon

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES FEB 7 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

442-165-011-466

309762

United States
Department of Commerce
Bureau of the Census

APR 45 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county years 6 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 Mths. ~~Yrs.~~
(f) Mother's mailing address (For registration notice):
Payette, Idaho
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Payette, Ida.

4. **FULL NAME OF CHILD** Louis Lee Russell

5. Date of Birth (Month, day, year) Jan. 5, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Arthur Russell
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Nashville, (City or Town) Tennessee (State or foreign country)
14. Exact Occupation Stone Mason
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Francis Howard
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Lawrence, (City or Town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:00 a. M. on the date and at the place stated above, and that personal particulars were furnished by Amanda Russell (First name) (Last name) who is related to this child as mother. (Mother, etc.)

26. (a) Apr. 5, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F. Elder (Registrar's Signature)

25. Attendant's **OWN signature** L R Woodward M.D. (D.O., Midwife, etc.)
and address Payette, Ida. Date Mar. 31

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

613.10-022.763

309449

United States
Department of Commerce
Bureau of the Census

RECEIVED MAR 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address Chester, Idaho
3. **RESIDENCE of FATHER** (city, state): Chester, Idaho

4. **FULL NAME OF CHILD** Leland Carlos Hatts
5. Date of Birth (Month, day, year) September 1, 1909
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Everett Alanson Hatts
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Deadwood (City or town) South Dakota (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Sarah Potter
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:01 A.M. on the date and at the place stated above, and that personal particulars were furnished by Julia Gilbert (First name) (Last name), who is related to this child as aunt (Mother, etc.)

26. (a) MAR 22 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [redacted] Rita Brown (D.O., ~~Midwife~~, etc.)
and address St. Anthony, Idaho Date Sept. 1, 1909

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

336-201-035-214

RECEIVED

United States
Department of Commerce
Bureau of the Census

MAR 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309476
Local Reg. No. 7
Reg. Dist. No. 232

1. **PLACE OF BIRTH:**
(a) County Nezperce (b) City Forest
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 14 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nezperce
(c) City Forest
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Forest, Ida.

3. **RESIDENCE OF FATHER** (city, state) Forest, Ida.

4. **FULL NAME OF CHILD** Gladys Clovis

5. Date of Birth (Month, day, year) Dec. 1, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clyde Edward Clovis
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Mulberry, Kan. (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business General store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina Geneva Kauffman
17. Color or Race white
18. Age at time of THIS birth 21 years
19. Birthplace Colfax, Wash. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at P.M. on the date and at the place stated above, and that personal particulars were furnished by C. E. Clovis (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) FEB 7 1941 (Date received) (b) C. E. Clovis (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, C. E. Clovis, being first duly sworn, say that I am related to (Related to (or) acquainted with) Gladys Clovis (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. E. McLaughlin M. D who attended (Name of attendant at birth) said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

C. E. Clovis Name

Craigmont, Idaho. P. O. Address

Subscribed and sworn to before me on this 7th day of February 1941.

(SEAL) F. K. Cammell Notary Public, residing at Craigmont, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-126-016-419

United States
Department of Commerce MAR 27 1941
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309495
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 18 years 1 month 20 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burl ey, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Burley, Idaho

4. FULL NAME OF CHILD George Robert Swindaman
5. Date of Birth (Month, day, year) July 26 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George W. Swindaman
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Mary'sville Kansas (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Martin
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Marion, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 27 1941 (Date received) (b) Mabel F. Eecher (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Martin Swindaman, being first duly sworn, say that I am Related to (Related to (or) acquainted with) George Robert Swindaman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Gus Shallman (Midwife) (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Martha Martin Swindaman
Signature
Burley, Idaho
P. O. Address

Subscribed and sworn to before me on this 26 day of March, 1941

(SEAL) Henry H. Luther Notary Public, residing at Burley, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-1071819-319

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309501
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Custer (b) City Chilly
(c) Street Address or R.F.D. No. Post Office
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home Home days.
In THIS county 21 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Chilly
(d) Street Address or R.F.D. No. No Add.
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address ~~Long Beach, Cal.~~
3. RESIDENCE of FATHER (city, state): ~~Salmon, Ida.~~

4. FULL NAME OF CHILD Lewis Alden Wells
5. Date of Birth (Month, day, year) 1909 Oct 7
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Washington Wells,
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Unknown (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer & Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Naomi Cyrilla Larter,
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace ~~Meeni~~ Moroni (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) 3-25-41 (Date received) (b) Mabel F Eeder (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, NAOMI CYRILLA GOODMAN, being first duly sworn, say that I am related to (Related to (or) acquainted with) LEWIS ALDEN WELLS (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. CHARLES BAKER (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Naomi Cyrilla Goodman (Signature)
3434 Gardenia Ave Long Beach, Calif. (P. O. Address)

Subscribed and sworn to before me on this 24th day of March, 1941

(SEAL) John R. Nimocks Notary Public, residing at Long Beach, California

My Commission Expires October 23, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

649-204-639-555

United States
Department of Commerce
Bureau of the Census

MAR 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309513
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home none days.
In THIS county 2 years 6 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address American Falls
3. RESIDENCE of FATHER (city, state): American Falls Ida

4. FULL NAME OF CHILD Elisabeth Friesen
5. Date of Birth (Month, day, year) Aug 4 1909
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Abraham A Friesen	16. FULL MAIDEN NAME Mary Enns
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 41 yrs.	18. Age at time of THIS birth 37 yrs.
13. Birthplace Russia (City or town) (State or foreign country)	19. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business "	21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 27 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature Lidia Wilske M.D. (Midwife, etc.)
and address Am Falls Date Aug 4 1909

State of Merced
County of California } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Abraham A. Friesen, being first duly sworn, say that I am related (Related to (or) acquainted with) Elisabeth Friesen (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lidia Wilske (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Abraham A. Friesen Signature
P.O. Box 91 Winton, Calif. P. O. Address

Subscribed and sworn to before me on this 25th day of March, 1941.
(SEAL) Notary Public, residing at Atwater, Calif.

My Commission Expires May 22, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

38-124035 REC'D 253 MAR 27 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 309526

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years 10 months days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho 10 months yrs.
(f) Mother's mailing address General Delivery
3. RESIDENCE of FATHER (city, state). Same

4. FULL NAME OF CHILD Ronald Charles Schubach
5. Date of Birth (Month, day, year) September 24 1909
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles William Schubach
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Ashley (City or town) Illinois (State or foreign country)
14. Exact Occupation Rough Carpenter
15. Industry or Business on N.P. Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Eleanor Kate Selby
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace London (City or town) England (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living X
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mar 27 - 1941 (Date received) (b) Mabel V. Eldur (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eleanor Reichner, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mother of Ronald Charles Schubach (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Slusser (Name of attendant at birth) + Dr Carrow, who attended said birth ..... (~~is now deceased (or)~~ cannot be located) and that this birth has not been previously recorded.

Eleanor Reichner Signature
4738 W 30th St Los Angeles California P.O. Address

Subscribed and sworn to before me on this 13th day of February, 1941

(SEAL) Robert Metrick Notary Public, residing at 3434½ Stocker Ave

NOTARY PUBLIC
In and for the County of Los Angeles, State of California. My Commission Expires April 29, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-120-OP-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309542
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years 0 month 0 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Idaho Falls Ida

3. RESIDENCE of FATHER (city, state) Idaho Falls Ida

4. FULL NAME OF CHILD Donald Hamlin Farnham
5. Date of Birth (Month, day, year) July 20 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Norman Henry Farnham
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Darlington Wis. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola C. Graves
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Eberly Illinois (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mar 25-1941 (Date received) (b) Maud T Eider (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Norman H. Farnham, being first duly sworn, say that I am father (Related to (or) acquainted with) Donald Hamlin Farnham (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Name is forgotten (Name of attendant at birth), who attended said birth Donald Hamlin Farnham (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Norman H. Farnham Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me on this 24th day of March, 19 41

(SEAL) Martin Hershey Notary Public, residing at Payette
Probate Judge Payette County

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

947-121-007-493 CEL

United States
Department of Commerce
Bureau of the Census

MAR 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309565
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Hailey Idaho
3. RESIDENCE of FATHER (city, state): Hailey, Idaho

4. FULL NAME OF CHILD James Clifford Riggen
5. Date of Birth (Month, day, year) July 21, 1909
6. Sex Male
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Frank August Riggen
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Hailey (City or town) Idaho (State or foreign country)
14. Exact Occupation
15. Industry or Business Carpenter

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Hartence Mills
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Buxillion (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Frank August Riggen (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Mar 25, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank August Riggen, being first duly sworn, say that I am related to (Related to (or) acquainted with) James Clifford Riggen (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Clinman (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank August Riggen — Signature
12437 Gilmore Avenue Calif. — P. O. Address

Subscribed and sworn to before me on this 24th day of March 1941

(SEAL) Charles W. Hooper — Notary Public, residing at Los Angeles Calif.

My Commission Expires Jan. 26, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

519-120-042-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309580
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No. Rt. # 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Twin Falls

4. **FULL NAME OF CHILD** RAYMOND ALFRED HARMISON

5. Date of Birth (Month, day, year) July 20, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** CARL HARMISON
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace Jackson Hole, Wyoming (City or Town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ALICE D. HARTLEY
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace LeNoir, North Carolina (City or Town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum SEE ATTACHED AFFIDAVIT

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

26. (a) 3/28/41 (Date received) (b) Mabel Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

AFFIDAVIT:

STATE OF IDAHO)
COUNTY OF TWIN FALLS) SS.

ALICE D. EATON, being first duly sworn, deposes and says that she is the mother of RAYMOND ALFRED HARMISON; that the father of the said RAYMOND ALFRED HARMISON, is CARL HARMISON; that the said RAYMOND ALFRED HARMISON was born in Twin Falls County, Idaho, on the 20th day of July, 1909 and that this affiant was not attended by a physician at the time of said delivery and that no record of said birth was made. That on the said 20th day of July, 1909, this affiant was the wife of the said Carl Harmison and that the said RAYMOND ALFRED HARMISON was born in lawful wedlock.

Alice D. Eaton,

Subscribed and sworn to before me this 27th day of March, 1941.

Earl E. Walker

EARL E. WALKER, NOTARY PUBLIC FOR
IDAHO RESIDING AT TWIN FALLS.

168-12-028-753

309613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 108
Reg. Dist. No. 121

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home of Mrs. A. W. Carlson
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 1 days.
In THIS county years 7 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 7/12 yrs.
(f) Mother's mailing address Coeur d'Alene
3. RESIDENCE of FATHER (city, state): ", Idaho

4. FULL NAME OF CHILD John William Johnson
5. Date of Birth (Month, day, year) March 27, 1909
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Axel William Johnson
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Jath (City or town) Sweden (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Oline Kristine Petersen
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Gentofte (City or town) Denmark (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 3-27-1941 (Date received) (b) H. L. Newcombe, M.D. (Registrar's signature)
by Fay Thomas, deputy.
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Axel William Johnson, being first duly sworn, say that I am ~~the Father~~ related (Related to (or) acquainted with) John William Johnson (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (name forgotten) (Name of attendant at birth), who attended said birth whereabouts unknown (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Axel William Johnson Signature
Star Rt. 2 Coeur d'Alene, Idaho P. O. Address

NOTARY PUBLIC for the State of Idaho
Residing at Coeur d'Alene, Idaho
Subscribed and sworn before me this 27 day of March, 1941
(SEAL) Esther L. Johnson Notary Public, residing at Coeur d'Alene Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/8/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-223-029-318

United States
Department of Commerce
Bureau of the Census

MAR 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309638
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. S. 1st & Jackson
(d) Name of Hospital or Maternity Home: Caruthers Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 1 days.
In THIS county 5 years 4 month 13 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 117 S. Asbury
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address 117 S. Asbury

3. RESIDENCE of FATHER (city, state): Same

4. FULL NAME OF CHILD Helen Gertrude Brucker

5. Date of Birth (Month, day, year) Jan. 23, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Joseph Brucker
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Fon du Lac (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business General mercantile

MOTHER OF CHILD

16. FULL MAIDEN NAME Rode D. Taylor
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Omro (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 28 1941 (Date received) (b) Mabel I Felder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henry Joseph Brucker, being first duly sworn, say that I am ~~the father of~~ related to (Related to (or) acquainted with) Helen Gertrude Brucker (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. H. Caruthers (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Henry Joseph Brucker Signature

3333 N. E. 14th Ave., Portland, Ore. P. O. Address

Subscribed and sworn to before me on this 25th day of March, 19 41

(SEAL) Nan Irish Notary Public, residing at Portland, Oregon

NOTARY PUBLIC FOR OREGON

MY COMMISSION EXPIRES JAN. 3, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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SH-107-042-313

United States
Department of Commerce
Bureau of the Census

RECEIVED
APR 2 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309656
Local Reg. No.
Reg. Dist. No. 4-61

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Twin Falls,
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years....months....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls,
(d) Street Address or R.F.D. No. Main Ave N
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Cicil Barnard Hartwell
5. Date of Birth (Month, day, year) Jan. 7th 1909
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Yes
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Franklin Derrick Hartwell
11. Color or Race W
12. Age at time of THIS birth 33 yrs.
13. Birthplace Kirkwood, Ill (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Rebecca Calhoun
17. Color or Race W
18. Age at time of THIS birth 23 years
19. Birthplace Three Creek Idaho (City or town) (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7.30 AM. on the date and at the place stated above, and that personal particulars were furnished by Lula Hartwell Lough (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) 3/29.41 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Twin Falls, Idaho

State of Idaho
County of Twin Falls, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lula Hartwell Hough, being first duly sworn, say that I am related to (Related to (or) acquainted with) Cicil Barnard Hartwell (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Clouchek (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lula Hartwell Lough Name
Route # 3 Buhl, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of March 1941

(SEAL) [signature] Notary Public, residing at Twin Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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197-28-032-414

RECEIVED

APR 1 1941

309683

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 10#18
Reg. Dist. No. 430

1. **PLACE OF BIRTH:**
(a) County Lincoln (b) City Shoshone Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City Shoshone, Ida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Shoshone, Idaho

4. **FULL NAME OF CHILD** Francis Grambarri

5. Date of Birth (Month, day, year) Dec 18-1909

6. Sex Female

7. Twin or Triplet ——— If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Geo. Grambarri

11. Color or Race White, Spanish

12. Age at time of THIS birth 34 yrs.

13. Birthplace Chauchova Spain
(City or Town) (State or foreign country)

14. Exact Occupation Labor on Farm,

15. Industry or Business Farmer,

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby, Madith.

17. Color or Race White Span.

18. Age at time of THIS birth 37 yrs.

19. Birthplace Eiva, Spain.
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive, (born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mother (First name) (Last name), who is related to this child as Mother, (Mother, etc.)

26. (a) 3/29-41 (Date received) (b) Myrtle C. Burdett (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Shoshone, Ida Date March 29/41

27. Given name added on ..... by ..... (Registrar's Signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

389-112-007-967

309695

United States
Department of Commerce
Bureau of Census

APR 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Carey Idaho

3. RESIDENCE of FATHER (city, state) Carey Idaho

4. FULL NAME OF CHILD Erick James Christensen
5. Date of Birth (Month, day, year) 12 Oct. 1909
6. Sex Male
7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Christian Peter Christensen
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Tonning Bogn (City or town) Tonning Denmark (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Rollason
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Brisbane (City or town) Queensland Australia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 4 1941 (Date received) (b) Mabel F. Edler (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mary Elizabeth Christensen, being first duly sworn, say that I am related (Related to (or) acquainted with) Erick James Christensen (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Howard (Name of attendant at birth), who attended said birth is deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Elizabeth Christensen — Signature
Rigby Idaho — P. O. Address

Subscribed and sworn to before me on this 3rd day of April, 1941

(SEAL) Basil R. Dennis — Notary Public, residing at Rigby, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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C. C. 4/11/1941 C. P.

165-12-0262-962

United States
Department of Commerce
Bureau of Census

RECEIVED
APR 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309697
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Jefferson (b) City Lewisville
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home no days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Louis Harold Jones
5. Date of Birth (Month, day, year) Jan. 22nd, 1909
6. Sex male
7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 7
9. Legitimate? 9 yes

FATHER OF CHILD

10. **FULL NAME** ~~Harold Jones~~ Joseph W. Jones
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace West Weber, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Robinson
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Ucon, Idaho. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5
(c) Born alive and now dead 3 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 4 1941 (Date received) (b) Maud F. Felder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harriet Jones, being first duly sworn, say that I am related to (Related to (or) acquainted with) Louis Harold Jones (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Dabell (Name of attendant at birth), who attended said birth is now deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Harriet Jones Signature
Rigby, Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of April, 19 41
(SEAL) Beatrice R. Bennett Notary Public, residing at Rigby, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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319-110-02-634

United States
Department of Commerce
Bureau of the Census

RECEIVED APR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309729
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Umatilla (b) City Pendleton
(c) Street Address or R.F.D. No.
(d) ~~Name of Hospital~~ or Maternity Home: Lamar Conley
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 21 days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Oregon (b) County Umatilla
(c) City Pendleton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address Hermiston Ore
3. RESIDENCE of FATHER (city, state): Hermiston Ore

4. FULL NAME OF CHILD Samuel Lester Carson
5. Date of Birth (Month, day, year) April 10, 1909
6. Sex Boy
7. ~~Twin~~ or Triplet ~~If so, born~~ 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Levi Carson
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Scistoville (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer + dray + feed
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna E Olmstead.
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Bloomington (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) April 3, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna E. Carson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Samuel Lester Carson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lizzie Amelie (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna E. Carson, Signature
Hermiston, Ore P. O. Address

Subscribed and sworn to before me on this 1 day of April, 1941.

(SEAL) A N Morton NOTARY PUBLIC, Residing at Hermiston, Ore
NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JAN. 21, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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647-114-012-965

309734

United States
Department of Commerce
Bureau of the Census

APR 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County BUTTE (b) City MOORE
(c) Street Address or R.F.D. No. MOORE P.O.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County BUTTE
(c) City MOORE
(d) Street Address or R.F.D. No. MOORE P.O.
(e) How long has MOTHER lived in Idaho? 17 yrs.
(f) Mother's mailing address 408 W. 3rd, Long Beach, Calif.

3. RESIDENCE of FATHER (city, state) Disneyland, Calif.

4. FULL NAME OF CHILD BEN WADE HUGHES

5. Date of Birth (Month, day, year) MAY 14 1909

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME BEN WADE HUGHES SR.
11. Color or Race WHITE
12. Age at time of THIS birth 22 yrs.
13. Birthplace TOPEKA (City or town) KANSAS (State or foreign country)
14. Exact Occupation GROCERY STORE CLERK
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME WINIFRED RAVENOR
17. Color or Race
18. Age at time of THIS birth 22 yrs.
19. Birthplace SALT LAKE CITY (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 4 1941 (Date received) (b) Mabel F Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Winifred Hughes, being first duly sworn, say that I am the Mother of (Related to (or) acquainted with) Ben Wade Hughes (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hattie Haney (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Winifred Hughes Signature
408 W. 3 Street Long Beach California P. O. Address

Subscribed and sworn to before me on this 2nd day of April, 19 41.

(SEAL) David R Livingstone Notary Public, residing at Long Beach, Calif.

NOTARY PUBLIC
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

My Commission Expires August 11, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/11/41 Z.J.

769-108-014-039

309735

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County CANYON (b) City NAMPA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: IRVEH Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years 2 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City NAMPA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address NAMPA - R.F.D.

3. **RESIDENCE of FATHER** (city, state). NAMPA, IDAHO

4. **FULL NAME OF CHILD** FLOYD ELMER GORACKE

5. Date of Birth (Month, day, year) NOV. 8 - 1909

6. Sex BOY

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** JOHN WILLIAM GORACKE
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace JOHNSON CO. NEBRASKA (City or town) (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FLORA ADELL STRADLY
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace Republican Co. Kansas (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by JOHN WILLIAM GORACKE (First name) (Last name) and that the is related to this child as FATHER (Mother, etc.)

26. (a) Apr. 2, 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Colorado
County of Larimer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John William Goracke, being first duly sworn, say that I am the Father of (Related to (or) acquainted with) Floyd Elmer Goracke (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John William Goracke Signature
Masonville Colo P. O. Address

Subscribed and sworn to before me on this 1 day of April, 1941

(SEAL) [signature] Notary Public, residing at Loveland Colo.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-105-009-764

United States
Department of Commerce
Bureau of the Census

APR 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309753
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 417 Oak St.
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 3 years / month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 417 Oak Street
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address 417 Oak Street
3. RESIDENCE of FATHER (city, state): Sandpoint, Id

4. FULL NAME OF CHILD Harold Glenn Fields
5. Date of Birth (Month, day, year) May 5, 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Arthur Fields
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Fort Fairfield, Main (City or town) (State or foreign country)
14. Exact Occupation Timber cruiser
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Victoria Mabel Tomlinson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Andover, New Brunswick (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date APR 4 1941 and at the place stated above and that personal particulars were furnished by Victoria Mabel Fields (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) April 4, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address 209 Foster Ave. Coeur d'Alene, Ida Date 4/3/41

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Victoria Mabel Fields, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Harold Glenn Fields (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Warner (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Victoria Mabel Fields Signature
209 Foster Coeur D'Alene P.O. Address

Subscribed and sworn to before me on this 3rd day of April, 19 41

(SEAL) Robert H. Barton Notary Public, residing at Coeur d'Alene, Ida.

My commission expires June 2, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/11/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154-115007-314 CD

United States Department of Commerce Bureau of Census

APR 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309764
Local Reg. No. 39
Reg. Dist. No. 410

1. PLACE OF BIRTH
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? life yrs.
(f) Mother's mailing address Hailey, Idaho

3. RESIDENCE of FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Edgar Mark Andrews

5. Date of Birth (Month, day, year) 10-15-1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Mark Warren Aukema	16. FULL MAIDEN NAME Jessie May Campbell
11. Color or Race white 12. Age at time of THIS birth 35 yrs.	17 Color or Race white 18. Age at time of THIS birth 25 yrs.
13. Birthplace unknown (City or town) Holland (State or foreign country)	19. Birthplace Bellevue, Idaho. (City or town) (State or foreign country)
14. Exact Occupation Druggist	20. Exact Occupation Housewife
15. Industry or Business Owner Drug Store	21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNo3

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Jessie Aukema (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 4-8-1941 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Robert H. Wright M.D. (D.O., Midwife etc.) and address Hailey, Idaho Date 4-8-1941

State of ____ } ss.
County of ____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BLAINE.

IN THE MATTER OF THE APPLICATION FOR CHANGE OF NAME OF EDGAR MARK AUKEMA.	ORDER CHANGING NAME.

This matter came on regularly for hearing before Hon. D.H. Sutphen, Judge of the above entitled court, in open court at Hailey, Blaine County, Idaho, this day; Roy Van Winkle, Esq., appearing as counsel for the petitioner, Edgar Mark Aukema, and it appearing that due and legal notice of the hearing of this application has been given as by law provided, and no objections being filed, and no remonstrants appearing, the Court proceeded with the hearing of the application, and, upon oral testimony being taken and heard, and the testimony being closed, the matter was submitted to the Court for decision; and,

The Court being now fully advised in the premises ORDERS that the name of Edgar Mark Aukema be and the same is hereby changed to Edgar Mark Andrews.

Done in open court this 2nd day of December, 1930.

D. H. Sutphen

District Judge.

413-126-001-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309771
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. Farm Home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 2 years 5 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Meridian

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Wallace Corwin Mellepaugh

5. Date of Birth (Month, day, year) Jan 26, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Union Ever Mellepaugh
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Mount Pleasant (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Francis Hope Stayman
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Farm Buck. Co (City or town) Ohio (State or foreign country)
20. Exact Occupation housewife + teacher
21. Industry or Business housekeeping + teaching

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7 (c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) 4/11/41 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nola B Dixon, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wallace Corwin Mellepaugh (Name of person on certificate above) sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dutton (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nola B Dixon — Signature
Meadows Idaho — P. O. Address

Subscribed and sworn to before me on this 10th day of April, 1941

(SEAL) Earl Gunson — Notary Public, residing NEW MEADOWS, IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/11/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

384-116-0 07243

309803

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Blaine (b) City Manard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. deb. at home
IN **THIS** county 2 yrs years 11 month 24 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Manard
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Manard, Idaho

3. **RESIDENCE of FATHER** (city, state) Manard, Ida

4. **FULL NAME OF CHILD** Rex Gordon Thurber

5. Date of Birth (Month, day, year) 16 Apr. 1909

6. Sex Male

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Isaac Erin Thurber
11. Color or Race white American
12. Age at time of THIS birth 35 yrs.
13. Birthplace Richfield (City or town) Sevier Co. Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Butler
17. Color or Race white American
18. Age at time of THIS birth 29 yrs.
19. Birthplace Panguitch (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living ~~2~~
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) April 6-1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Caroline Butler Thurber, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Rex Gordon Thurber (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Chas. Kingsley (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Caroline B. Thurber Signature
1302 North 7th St. Boise P. O. Address

Subscribed and sworn to before me on this 4th day of April 1941

(SEAL) Clyde R. Johnson Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-21-1035-275

United States
Department of Commerce
Bureau of the Census

APR 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309816
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ——— days.
In **THIS** county ... years 4 months ... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Bellevue

3. **RESIDENCE OF FATHER** (city, state) Pullman Wash

4. **FULL NAME OF CHILD** Willie Belle Cody

5. Date of Birth (Month, day, year) Feb. 17th 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Richard Cody
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Lowlows (City or town) Nevada (State or foreign country)
14. Exact Occupation Miller
15. Industry or Business Flour Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Polly Sparry
17. Color or Race White
18. Age at time of THIS birth 35 years
19. Birthplace Lois (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (born alive, stillborn) at 3 hrs P. M. on the date and at the place stated above and that personal particulars were furnished by W. R. Cody (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) APR 8 1941 (Date received) (b) Maurel F. Eccles (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's **OWN signature** ... M.D. or ... (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. R. Cody, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Willie Belle Cody (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. L. Inman (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

William R. Cody — Name
207 College Ave Pullman — P. O. Address

Subscribed and sworn to before me on this 18 day of Dec 1940

(SEAL) ... Notary Public, residing at Pullman Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-114-0242-219 ED

United States
Department of Commerce
Bureau of the Census

APR 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309821
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Twin Falls (b) City Rock Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: same address
In Hosp. or Mat. Home days. as above
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Rock Creek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.
(f) Mother's mailing address same as above
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Dean Given Stark
5. Date of Birth (Month, day, year) May 14, 1909
6. Sex Male
7. Twin or Triplet ----
If so—born 1st, 2nd, 3rd -----
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter Dean Stark
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Randolph (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ---------

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Alice Parker
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Beaver City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ----------

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

RECEIVED

26. (a) APR 7 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Joaquin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Blanche Stark, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dean Given Stark (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Shaddy (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Blanche Stark Signature

1758 Ramona Ave., Stockton, California P.O. Address

Subscribed and sworn to before me on this 20th day of March, 19 41

(SEAL) J. R. Markgraf Notary Public, residing at Stockton, California

Notary Public in and for the County of San Joaquin, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-121-244-386

United States
Department of Commerce
Bureau of the Census

APR 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309824
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County WASHINGTON (b) City WEISER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address WEISER IDAHO
3. RESIDENCE of FATHER (city, state): WEISER IDAHO

4. FULL NAME OF CHILD ALTON THOMPSON
5. Date of Birth (Month, day, year) MAY-1-1909
6. Sex MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME KAY DANLEY
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Council Bluffs, IOWA. (City or town) (State or foreign country)
14. Exact Occupation General Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Veyia THOMPSON
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace BOLIVAR MISSOURI. (City or town) (State or foreign country)
20. Exact Occupation HouseWife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 3:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Veyia, THOMPSON. (First name) (Last name), who is related to this child as MOTHER. (Mother, etc.)

26. (a) APR 7 1941 (Date received) (b) Mary E Geeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Laura Bilhorn Gibwise M.D. (D.O., Midwife, etc.)
and address WEISER, IDAHO Date 4-3-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

c.c. 4/21/41. wh

#309824 in folder

Payette, Idaho
April 5, 1941

State Bureau of Vital Statistics
Boise, Idaho

Dear Sirs;

Please find enclosed a birth certificate for Mr. Alton Thompson, and 50 cents for a certified copy.

Would appreciate having the copy sent directly to Mr. Thompson's mother, Mrs. Edgar Riggs, box 172 North Powder, Oregon.

Very truly yours

K. P. Jones

RECEIVED
APR 19 1941
No money enclosed

In making the birth record for your son, we find the father's name is listed as Kay Danley. Maiden name of mother Vevia Thompson and the boy is named Alton Thompson. Is this information correct? Was this boy born out of wedlock? In this case, he would not be a legitimate child, as marked on the record. Please return this letter and advise, on the bottom. Thank you. Holding up certified copy until this letter is returned advising us.

Bureau of Vital Statistics
Boise, Idaho

When I was divorced from Kay Danley I ask for my maiden name back & also my sons which I was granted in court by my attorney Ed Coulter of Weiser Idaho & Judge Bryan of Coldwell Idaho at that time & I also have my marriage certificate and the divorce papers to verify my statement.

APR 7 1941

Your Truly
Mrs. Edgar Riggs
North Powder Oregon
Box 172.

445-130-007-457

309832

United States
Department of Commerce
Bureau of the Census

APR 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county years 9 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12½ yrs.
(f) Mother's mailing address Soldier, Idaho

3. RESIDENCE of FATHER (city, state) Soldier, Ida.

4. FULL NAME OF CHILD GLENN DUNN

5. Date of Birth (Month, day, year) Aug. 30, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME HENRY CLAY DUNN
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Keokuk (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME FLORA MAY DEXTER
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Tama City (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 7 1941 (Date received) (b) Maud F. Geeder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Flora M. Andrus, being first duly sworn, say that I am related to (Related to (or) acquainted with) Glenn Dunn (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Johnson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Flora M. Andrus Signature

743½ S. Ford Blvd. Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me on this 18th day of February 1941

(SEAL) Harriett E. Rowan Notary Public, residing at Los Angeles California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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393-010-22643

309869

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 7 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Bovill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mother's own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county years 11 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Bovill
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11mon
(f) Mother's mailing address Bovill

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Bessie Irene Titus

5. Date of Birth (Month, day, year) Oct. 10 '09

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Lenard Titus
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Kalamazoo (City or town) Mich (State or foreign country)
14. Exact Occupation Brakeman
15. Industry or Business Potlatch Lumber Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Abbie Fuller
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Algoma (City or town) Mich (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 7 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date

State of Wash.
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Abbie Titus, being first duly sworn, say that I am Mother (Related to (or) ~~acquainted with~~) Bessie Irene Titus (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Stockwell (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) ~~cannot be located~~) and that this birth **has not been previously recorded.**

Mrs. Abbie Titus Signature

E. 2023 Boone - Spokane Wn. P. O. Address

Subscribed and sworn to before me on this 1st day of April 1941

(SEAL) ____ Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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S14-1041 241-795 RFC

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
APR 11 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309911
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Teton (b) City Driggs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 1 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Driggs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Louis Edward Hammond
5. Date of Birth (Month, day, year) June 4, 1909
6. Sex Son
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm Edward Hammond
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Bountiful Utah (City or town) (State or foreign country)
14. Exact Occupation Pool Hall Owner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Merle Green
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Big Cottonwood Ut (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 11 1941 (Date received) (b) Mabel T. Geller (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Merle Hammond Jenkins being first duly sworn, say that I am Louis Edward Hammond as Mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Keith (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Merle Hammond Jenkins Signature
P. O. Address

Subscribed and sworn to before me on this 10th day of April, 1944
(SEAL) B H Lyon Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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038-126-035-713

United States
Department of Commerce
Bureau of Census

APR 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309936
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City Ilo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Ilo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Ilo, Idaho

3. **RESIDENCE of FATHER** (city, state) Ilo, Ida.

4. **FULL NAME OF CHILD** Fred Schleifer
5. Date of Birth (Month, day, year) Mar. 26, 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis Schleifer
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Bolivar (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Galloway
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Bolivar (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead / (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 9 1941 (Date received) (b) Mabel Teller (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address Date

State of ____
County of Clearwater County, Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillie Schleifer, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Fred Schleifer (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Eli Taylor (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lillie Schleifer Signature
P. O. Address

Subscribed and sworn to before me on this 5 day of April, 19 41

(SEAL) Norman Auditor
Notary Public, residing at ____
LaPuty

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

399-209-029-493

RECEIVED

United States
Department of Commerce
Bureau of the Census

APR 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

309937

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County LATAH (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 5 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Genesee Idaho
3. RESIDENCE of FATHER (city, state): Genesee Idaho

4. FULL NAME OF CHILD Lenna Olive Trimble
5. Date of Birth (Month, day, year) June 9, 1909
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME W. A. Trimble
11. Color or Race White
12. Age at time of THIS birth ✓ yrs.
13. Birthplace Newport (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Blanche Mitchell
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Pleasant Gap (City or town) Mo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ella Blanche Mitchell Trimble (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) APR 9 1941 (Date received) (b) Mabel Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's X OWN signature Dorothy Harrell M.D.
X and address Genesee Idaho Date 6/9/09

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249-21-025 124

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED APR 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309946
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No. #1 Box #19
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No. 1 Box #19
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Winona Idaho

3. **RESIDENCE of FATHER** (city, state) " Idaho

4. **FULL NAME OF CHILD** Helen Margorie Kurdy

5. Date of Birth (Month, day, year) Feb. 7, 1909

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Thomas Kurdy
11. Color or Race Syrian
12. Age at time of THIS birth 39 yrs.
13. Birthplace ..... (City or town) Syria (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bedora Abdallah
17. Color or Race Syrian
18. Age at time of THIS birth 28 yrs.
19. Birthplace ..... (City or town) Syria (State or foreign country)
20. Exact Occupation House wife
21. Industry of Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... P. M. on the date and at the place stated above, and that personal particulars were furnished by Dora (First name) Kurdy (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) APR 14 1941 (Date received) (b) Mabel T. Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Ina C. Higgins M.D. (D.O., Midwife, etc.)
and address Grangeville Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only **BLACK** Ink or **BLACK** Record typewriter ribbon in completing this certificate. Mail **COMPLETED** certificate in envelope bearing **FIRST-CLASS** postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-120-038-698

309954

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Pocatello, Idaho.

3. **RESIDENCE of FATHER** (city, state) (Deceased)

4. **FULL NAME OF CHILD** Charles Avery Hill

5. Date of Birth (Month, day, year) Nov. 20, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Tracy Hill
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace ~~Laramie~~ Claramont, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie May Ory
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Bethany, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 11 (c) Born alive and now dead 2 (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Minnie May Hill (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) APR 15 1941 (Date received) (b) Mabel Tilley (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature Doctor / None Midwife deceased M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edward T. Hill, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Avery Hill (Name of person on certificate above) as a brother. (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edward T. Hill — Signature
640 So. Grant, Pocatello, Idaho. — P. O. Address

Subscribed and sworn to before me on this 7th day of April, 19 41

(SEAL) L. E. Hennon — Notary Public, residing at Pocatello, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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432-116-040-763

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

309967

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Shoshone
City of Mullan
No. Park Ave St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Robert Loann McGurk

3. Sex Boy | If plural births: 4. Twin, triplet, or other — | 5. Number, in order of birth — | 6. Premature — Full term yes | 7. Legitimate? Yes | 8. Date of birth Feb 16, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Bernard McGurk	18. Full maiden name Mary Evelyn Pattee
10. Residence (usual place of abode) (If non-resident, give place and State) Mullan Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Mullan Ida
11. Color or race W	12. Age at last birthday 36 (years)	20. Color or race W	21. Age at last birthday 32 (years)
13. Birthplace (city or place) Braidwood (State or Country) Illinois	22. Birthplace (city or place) Ogden (State or Country) Iowa Boone Co
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Feb 16, 1909	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work Feb 16, 1909	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — { months or weeks | 30. Cause of stillbirth — { Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) F W Rolfs, M. D.
or ....., Midwife
Address Mullan Ida

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

Filed Apr. 14, 1941, 193.. Maud F Geeslin
Registrar.

Registrar.

c.c. 4/21/41. WH

315-213-006-815
RECEIVED
APR 17 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 310020
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. At home
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address Basalt Idaho
3. RESIDENCE of FATHER (city, state) Basalt Ida.

4. FULL NAME OF CHILD Alice Elizabeth Landon
5. Date of Birth (Month, day, year) July 13. 1909
6. Sex Female
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Sedonis Landon
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Woodruff (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Polly Annie Hanny
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Wilford (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Polly A. Hanny (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) April 17-1941 (Date received) (b) Mabel F. Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Edwin Cutler M.D. (D.O., Midwife, etc.)
and address Shelley Date 3-10-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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817-221-014-817

United States
Department of Commerce
Bureau of the Census

APR 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 310022
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. None
In THIS county 3 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address now deceased
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Alta Belle Hagerman
5. Date of Birth (Month, day, year) Dec. 21, 1909
6. Sex female
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Frank Clark Hagerman
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Kon Ka Kee (City or town) [redacted] (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Myrtle Ivy Hagerman
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Arcadia (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 7 1941 (Date received) (b) Maurel Zeller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature S. J. Miller M.D. (D.O., Midwife, etc.)
and address Long Beach Calif. Date April 14-41

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank C. Hagerman, being first duly sworn, say that I am The Father of (Related to (or) acquainted with) Alta Bell Hagerman now Alta Bell Wheeler (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Miller (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank C. Hagerman Signature
29 N. Knott St. Portland Ore. P. O. Address

Subscribed and sworn to before me on this 31st day of March 1941.

(SEAL) Richard D. Reich Notary Public, residing at Portland Oregon
My Commission Expires Oct. 25th 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/25/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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STATE OF CALIFORNIA,
COUNTY OF LOS ANGELES } SS.

On this 14th day of April, 19 41, before me, Mabel C. Berry, a Notary Public in and for said County, personally appeared S. J. Miller, M. D. known to me to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

WITNESS my hand and official seal.

Mabel C. Berry

Notary Public in and for said County and State.

My Commission Expires Jan. 24, 1944

523

435-125-035-759 D

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 11 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

310029

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R F D No. Main St.
(d) Name of Hospital or Maternity Home: In my own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years 4 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Main St.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address. Same
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Percy D. McNutt
5. Date of Birth (Month, day, year) Feb. 25th 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William H. McNutt
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Indianapolis Indiana (City or town) (State or foreign country)
14. Exact Occupation Deceased
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl V. Perry
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace De Smet So. Dak. (City or town) (State or foreign country)
20. Exact Occupation Unemployed
21. Industry or Business Hotel

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Apr. 11, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Pearl V. McNutt, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Percy D. McNutt (Name of person on certificate above) as his Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that D. W. Perkins (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Pearl V. McNutt .....Name
Spokane Wash. .....P. O. Address

Subscribed and sworn to before me on this 4 day of April 1941

NOTARY PUBLIC (SEAL) Gladys Roberts .....Notary Public, residing at 1000 W. 6th St. Los Angeles, Calif.
and for the County of Los Angeles, State of California
My Commission Expires January 18, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

913-102-014-2 19 NED

310031

United States
Department of Commerce
Bureau of Census

APR 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. West Cleveland Blvd
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 2 years 6 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. West Cleveland Blvd
(e) How long has MOTHER lived in Idaho? 2 1/2 yrs.
(f) Mother's mailing address West Cleveland Blvd Caldwell Idaho

3. RESIDENCE of FATHER (city, state) Caldwell Idaho

4. FULL NAME OF CHILD Merrill Talbot Ralph

5. Date of Birth (Month, day, year) Aug 2nd 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Allen Talbot Ralph	16. FULL MAIDEN NAME Eula Huntress Bartlett
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 34 yrs.	18. Age at time of THIS birth 30 yrs.
13. Birthplace Colorna (City or town) Iowa (State or foreign country)	19. Birthplace Lacona (City or town) Warren County Iowa (State or foreign country)
14. Exact Occupation Painter	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr. 16, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eula Huntress Bartlett Ralph, being first duly sworn, say that I am ~~Mother~~ Related to (Related to (or) acquainted with) Merrill Talbot Ralph (Name of person on certificate above) as the mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Myers (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eula Huntress Bartlett Ralph Signature
171 S. Eucalyptus Bellflower, Calif. Address

Subscribed and sworn to before me on this 14th day of April, 1941

(SEAL) W. A. Johnson Notary Public, residing at Bellflower, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-12 V. 00K-864

RECEIVED

APR 16 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 310032

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bear Lake (b) City Sharon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In personal residence.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 24 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Sharon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address Sharon, Idaho

3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD George Young Crossley

5. Date of Birth (Month, day, year) May 24 1909

6. Sex male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd nul

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dennis George Crossley
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Liberty (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Young Crossley
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace St. Charles, (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead nul (d) Stillborn nul

24. I HEREBY CERTIFY That I attended the birth of this child, who was al (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Apr. 16, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Wyoming
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dennis George Crossley, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Young Crossley (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George F. Ashley (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Dennis George Crossley Signature

Smoot, Wyoming P. O. Address

Subscribed and sworn to before me on this 25th day of January, 1941

(SEAL) RESIDING AT AFTON, WYOMING Ann Jenkins Notary Public, residing at Afton, Wyoming

My Commission Expires Oct. 20, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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4/23/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-PA-033-493

310036

United States
Department of Commerce
Bureau of Census

APR 16 1941

(Because the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Madison (b) City Salem
(c) Street Address or R.F.D. No. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Ryberg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address Ryberg Idaho

3. **RESIDENCE of FATHER** (city, state) Ryberg Idaho

4. **FULL NAME OF CHILD** Ray Dillie Cherry

5. Date of Birth (Month, day, year) Oct. 30 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Cherry
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Lewiston (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Jane Dillie
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 a m M. on the date and at the place stated above, and that personal particulars were furnished by Nancy Cherry (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Apr. 16, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nancy Jane Dillie Cherry, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ray Dillie Cherry (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. James R. Sharpe (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nancy Jane Dillie Cherry Signature
Ryberg Idaho P. O. Address

Subscribed and sworn to before me on this 15 day of April, 1941

(SEAL) [signature] Notary Public, residing at Ryberg Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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313-221-037-693

United States
Department of Commerce
Bureau of the Census

RECEIVED APR 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 310055
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 47 yrs.
(f) Mother's mailing address Hagerman, Ida
3. RESIDENCE of FATHER (city, state): Hagerman, Ida.

4. FULL NAME OF CHILD Blanche Aleen Tate (Crow)
5. Date of Birth (Month, day, year) Feb. 21, 1909
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oscar Lafayette Tate
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Mayfield (City or town) Idaho (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Ristime Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Althea Wilson (Tate)
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Horton (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Two
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at one P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Effie A. Tate (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) April 18-1941 (Date received) (b) Malvel Keefer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Effie A. Tate, being first duly sworn, say that I am mother (Related to (or) acquainted with) Blanche Aleen Tate (Crow) (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Mather (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Effie A. Tate Signature
Hagerman, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of April, 1941

(SEAL) [illegible] Notary Public, residing at Hagerman, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/24/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

123-224-029-289

United States
Department of Commerce
Bureau of the Census

APR 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 310122
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Adar Lydia Florence Castleford
5. Date of Birth (Month, day, year) Feb. 24, 1929
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 5th
8. No. months of Pregnancy Full time
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Castleford
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Drayton Ontario (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Pearl Shields
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Washington County Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nil
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 7
(c) Born alive and now dead nil (d) Stillborn nil

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11.00 A.M. on the date and at the place stated above, and that personal particulars were furnished by James Castleford (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) April 21 - 1941 (Date received) (b) Maivel F Elefer (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am related (Related to (or) acquainted with) Adar Lydia Florence Castleford (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I was sole attendant (Name of attendant at birth), ~~who attended~~ said birth — (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James Castleford Signature
St Albumm, Alberta P. O. Address

Subscribed and sworn to before me on this 15 day of April, 1941.

(SEAL) E Brown Notary Public, residing at Edmonton, Alberta Canada

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693 701 014442

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 310125
Local Reg. No.
Reg. Dist. No.

REC APR 21 1941

1. **PLACE OF BIRTH**
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. I
(e) How long has **MOTHER** lived in Idaho? 42 yrs.
(f) Mother's mailing address Emmett Idaho

3. **RESIDENCE of FATHER** (city, state) Emmett Idaho

4. **FULL NAME OF CHILD** Howard Robert Wilson

5. Date of Birth (Month, day, year) Oct 1st 1909

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm Marion Wilson
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Maryville Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lina Hursel
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Seward Nebr (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 21-1941 (Date received) (b) Mabel F Eller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** O Clark M.D. (D.O., Midwife, etc.)
and address Vetadun Boise Date April 19 1941

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/24/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-210-006-314

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311198
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bingham (b) City Victor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 2 years 6 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Victor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Victor, Idaho.

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Nellie Elizabeth Allred

5. Date of Birth (Month, day, year) Sept. 10, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Isaac Merell Allred
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Spring City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Campbell
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace American Fork (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 7-1941 (Date received) (b) Maud F. Geeler (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jane Allred, being first duly sworn, say that I am Related (Related to (or) acquainted with) Nellie Elizabeth Allred (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jones (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Jane Allred Signature
401 So. Broad P. O. Address

Subscribed and sworn to before me on this 30 day of April 1941

(SEAL) S. L. Gell Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-129-006-219

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 23 1941

State File No. 311201
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Goshen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years 7 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Goshen
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Goshen, Idaho

3. RESIDENCE of FATHER (city, state) Goshen, Idaho

4. FULL NAME OF CHILD Alma Earl Taylor

5. Date of Birth (Month, day, year) Jan. 29, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Henry Taylor
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ogden Valley (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Barber
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Pembury Kent, Sussex, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10 (c) Born alive and now dead 1 (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Apr 23-1941 (Date received) (b) Mabel F. Fecher (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate. No charge postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge
Requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

311251

311251

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 9 1941

Registration District No. 120 State File No.

Prim. Registration District No. Local Registrar's No. 147

1. PLACE OF BIRTH
County of Kootenai
City of Coeur D'Alene
No. 319 101-028-569 11th St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Floyd Magnus Carlson

3. Sex Male

If plural births { 4. Twin, triplet, or other ; 5. Number, in order of birth

6. Premature ; Full term

7. Legitimate? Yes

8. Date of birth Aug 1, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Herman Carlson	18. Full maiden name Selma Norman
10. Residence (usual place of abode) (If non-resident, give place and State) Cda. Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Cda. Ida.
11. Color or race White ; 12. Age at last birthday 32 (years)	20. Color or race White ; 21. Age at last birthday 22 (years)
13. Birthplace (city or place) Near Stockholm (State or Country) Sweden	22. Birthplace (city or place) Ulea (State or Country) Sweden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Private	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work Aug 1, 1909 ; 17. Total time (years) spent in this work 4 yrs	25. Date (month and year) last engaged in this work Aug 1, 1909 ; 26. Total time (years) spent in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn

29. If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { During labor ; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated.
(Born Alive or Stillborn)

(Signed) John O. Wood, M. D.
or Midwife
Address Coeur D'Alene, Ida.

Filed May 7, 1941 H. K. Fewcombe Reg.
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report
(Date of)
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

c.c. 5/9/41. w.h.

163117-006-336

United States
Department of Commerce
Bureau of Census

RECEIVED
APR 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311277
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at parents home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 3 years — month 26 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Basalt Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ferrell Lloyd Jolley
5. Date of Birth (Month, day, year) June 17-1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Thomas Jolley
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Mt Carmel Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rhoda Lloyd
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Panguitch Utah (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7
(c) Born alive and now dead — (d) Stillborn -

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Apr 24-1941 (Date received) (b) Mabel T Geller (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rhoda Lloyd Jolley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ferrell Lloyd Jolley (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1931 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Gummett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Rhoda Lloyd Jolley Signature
94 N Pine Blackfoot Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of April 1941

(SEAL) J A Anderson Notary Public, residing at Blackfoot Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/30/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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114-223-02985 RECEIVED APR 26 1941

311330

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. At home
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs. yrs.
(f) Mother's mailing address Moscow Idaho

3. RESIDENCE of FATHER (city, state): Moscow Idaho

4. FULL NAME OF CHILD Margaret Josephine Jameson

5. Date of Birth (Month, day, year) April 23rd 1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Day Jameson
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Searcy Co. Arkansas (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nannie Heath
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Lawrence Co. Illinois (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 8
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr 26 - 1941 (Date received) (b) Mabel Feeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nannie Heath Jameson, being first duly sworn, say that I am Mother (Related to (or) acquainted with) (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr James M. Clark (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nannie Heath Jameson Signature
Route #3 Everett, Washington P. O. Address

Subscribed and sworn to before me on this 9th day of April, 1941

(SEAL) Thos. Stiger Notary Public, residing at Everett, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/3/41. w.h.

DELAYED REGISTRATION LAW

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699 114 023 556 RECEIVED

United States
Department of Commerce
Bureau of Census

APR 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311340
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 7 years 8 month 7 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Emmett, Idaho

3. **RESIDENCE of FATHER** (city, state) Emmett, Ida.

4. **FULL NAME OF CHILD** Joseph Richard Frint

5. Date of Birth (Month, day, year) February 14, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Norman Henry Frint
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Republic County, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Newell
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Mitchell County, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Apr. 28, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Elizabeth Frint, being first duly sworn, say that I am related to (Related to (or) acquainted with) Joseph Richard Frint (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Kreizenbeck (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Sarah Elizabeth Frint Signature
X Letha, Idaho P. O. Address

Subscribed and sworn to before me on this 26th day of April, 19 41

(SEAL) Margaret Smoke Notary Public, residing at Emmett, Idaho
My Commission expires Oct. 13, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/3/41 L. B.

DELAYED REGISTRATION LAW

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249109 025-259

United States
Department of Commerce
Bureau of Census

APR 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311355
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. x
(d) Name of Hospital or Maternity Home: x
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home x days. IN THIS county x years x month x days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. x
(e) How long has MOTHER lived in Idaho? 51 yrs.
(f) Mother's mailing address Clearwater

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Thelma M. Smith Wiley

5. Date of Birth (Month, day, year) May 9, 1909

6. Sex Male 7. Twin or Triplet x If so—born 1st, 2nd, 3rd x 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William B. Smith
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business x

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Kerr
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum x
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn x

24. I HEREBY CERTIFY That I attended the birth of this child, who was 2 (born alive, stillborn) at x M. on the date and at the place stated above, and that personal particulars were furnished by x (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Apr 28-1941 (Date received) (b) Mavel F. Geeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maggie Kerr Smith, being first duly sworn, say that I am Related (Related to (or) acquainted with) Thelma M. Smith (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. S. Steckton (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Maggie (Kerr) Smith Signature
Clearwater, Idaho P. O. Address

Subscribed and sworn to before me on this 24 day of April, 19 41

(SEAL) H. Rothwell Notary Public, residing at Grangeville

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/3/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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843 106 006-453

311385

United States
Department of Commerce
Bureau of Census

APR 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Shelley Idaho

3. **RESIDENCE of FATHER** (city, state) Shelley Idaho

4. **FULL NAME OF CHILD** Theron Delmar Hull

5. Date of Birth (Month, day, year) Jan. 6, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Owen Martin Hull
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Hooper (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Viola Nieldrum
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr. 29, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Utah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING ~~or CANNOT BE LOCATED~~.

I, Nellie Viola Hull, being first duly sworn, say that I am related to (Related to ~~(or) acquainted with~~) Theron Delmar Hull (Name of person on certificate above) as mother (State relationship ~~or acquaintance~~), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. ——— Jimets (Name of attendant at birth), who attended said birth is now deceased (Is now deceased ~~(or) cannot be located~~) and that this birth **has not been previously recorded.**

Nellie Viola Hull Signature
R 3 Box 152 Provo Utah P. O. Address

Subscribed and sworn to before me on this 28th day of April, 1941

(SEAL) Chas W Mitchell Notary Public, residing at Provo, Utah.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/6/61, 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381 219 001 713

United States
Department of Commerce
Bureau of Census

APR 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311425
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 513 S. 12
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 5 years 4 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 513 S. 12
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address 513 S. 12

3. **RESIDENCE of FATHER** (city, state) Boise, Ida.

4. **FULL NAME OF CHILD** Velma Virginia Chapman
5. Date of Birth (Month, day, year) 3-19-09
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Briton Chapman
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Fedalia (City or town) Missouri (State or foreign country)
14. Exact Occupation Foreman - Pearly Hanf.
15. Industry or Business Transfer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Rebecca Patton
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Dillon (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive or stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Mattie Chapman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Apr. 30, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature James L. Stewart M.D. ~~(D.O., Midwife, etc.)~~
and address Boise Idaho Date Apr. 14, 1941

State of ____ }
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature
____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

862-101 042-239

RECEIVED

United States
Department of Commerce
Bureau of Census

APR 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311427
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Buhl
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Her mothers own home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. none
IN THIS county 3 years 2 month 27 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Buhl Idaho

3. RESIDENCE of FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD HAROLD GLEN HOBSON.

5. Date of Birth (Month, day, year) April 1 1909

6. Sex Male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Harvey S. Hobson	16. FULL MAIDEN NAME Emma Jane Stranez
11. Color or Race White 12. Age at time of THIS birth 39 yrs.	17. Color or Race White 18. Age at time of THIS birth 37 yrs.
13. Birthplace Peola, Orange Co. Indiana (City or town) (State or foreign country)	19. Birthplace Shelby county Illinois (City or town) (State or foreign country)
14. Exact Occupation Farm Labor	20. Exact Occupation Housewife
15. Industry or Business Farmer.	21. Industry or Business Housekeeper.

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead None (d) Stillborn 1.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Apr. 30, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma J. Hobson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harold Glen Hobson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr A F McKLUSKY (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma J Hobson. Signature
Buhl, Idaho P. O. Address

Subscribed and sworn to before me on this 29 day of April 1941

(SEAL) E. J. Lynch Notary Public, residing at Buhl, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-105 014 262 RECEIVED MAY 1 1941

311452

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At resident of father and mother
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 11 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Nampa, Idaho

3. **RESIDENCE of FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** Nephi ~~Pratt~~ Wallace

5. Date of Birth (Month, day, year) April 5, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wister Green Wallace
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Beachville, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Florence Boston
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Bridgeport, Kentucky (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 1-1941 (Date received) (b) Maird F. Eddy (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Davis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Wister Green Wallace, being first duly sworn, say that I am the father of (Related to (or) acquainted with) Nephi ~~Pratt~~ Wallace (Name of person on certificate above) as my son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. (unknown) Ross (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Wister Green Wallace Signature
Farmington, Utah P. O. Address

Subscribed and sworn to before me on this 10th day of April, 1941

(SEAL) Ada Waite Notary Public, residing at Bountiful, Utah

My com. expires: April 9th, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/7/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413 201 035-719

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311454
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Slo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Slo
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Slo, Idaho.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD MILDRED EVA MATHER

5. Date of Birth (Month, day, year) March 1-1909

6. Sex F

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Joseph Wright Mather

11. Color or Race White

12. Age at time of THIS birth 54 yrs.

13. Birthplace Clinton, Connecticut
(City or town) (State or foreign country)

14. Exact Occupation Bartender

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Jansen

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Wurtenberg, Germany
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 1, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature Physician in attendance now deceased. M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eva Mather, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mildred Eva Mather (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1921 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Parrish (Name of attendant at birth), who attended said birth as Physician is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eva Mather Signature

P. O. Address

Subscribed and sworn to before me on this 22nd day of April 1941

(SEAL) ____ Notary Public, residing at Grangeville Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

K

c.c. 5/8/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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335-120 009-396

United States
Department of Commerce
Bureau of Census

MAY 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311463
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: County Hospital
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Hope
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Maurice C Lemley

5. Date of Birth (Month, day, year) 20 May 1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Fred C. Lemley
11. Color or Race White
12. Age at time of THIS birth 32
13. Birthplace Eugene (City or town) Ore. (State or foreign country)
14. Exact Occupation Milkworker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Miss Grace Crowder
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Arkansas (City or town) Kan. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Opthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead

24. I HEREBY CERTIFY: That I attended the birth of this child, who was born alive at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by me as follows: ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

26. (a) May 1-1941 (Date received) (b) Maud F Feeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

State of Wash.
County of Whatcom } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie P Lemley, being first duly sworn, say that I am Grand Mother related (Related to (or) acquainted with) (Name of person on certificate above) as Grand mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth Not Known (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nellie P Lemley — Signature
____ P. O. Address

Subscribed and sworn to before me on this 30 day of April, 1941

(SEAL) C Nelid — Notary Public, residing at Whatcom

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 21 1951

c.c. 5/8/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-125-028 892

United States
Department of Commerce
Bureau of Census

MAY 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311474
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Na
(c) ~~Street Address or R.F.D. No.~~ Homestead
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county all year ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Coeur d'Alene
3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Francis Paul Dinnis
5. Date of Birth (Month, day, year) Dec. 25-1939
6. Sex Male
7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Francis William Dinnis	16. FULL MAIDEN NAME Daisy Isadora Wiener
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 41 yrs.	18. Age at time of THIS birth 31 yrs.
13. Birthplace Brownsville (City or town) Nebr. (State or foreign country)	19. Birthplace Dugiam (City or town) county Mich (State or foreign country)
14. Exact Occupation Day Labor	20. Exact Occupation housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not any thing
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 2
(c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 1-1941 (Date received) (b) Maurel F. Felker (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Washington
County of Pierce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Daisy I, Fenderson, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) Francis Paul Dinnis (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Daisy I. Fenderson Signature
South Prairie P. O. Address

Subscribed and sworn to before me on this 25th day of April, 1941

(SEAL) Grace Hartsains Notary Public, residing at Buckley

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1972

c.c. 5/7/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-101 011-819

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 5 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311485
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 2 years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Bonners Ferry

3. RESIDENCE of FATHER Bonners Ferry Idaho

4. FULL NAME OF CHILD Ralph Oliver Hertt
5. Date of Birth (Month, day, year) Sept 1 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Fred Hertt
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Clinton (City or town) Iowa (State or foreign country)
14. Exact Occupation Mason
15. Industry or Business Construction

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Harrison
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Shelsburg (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Effie Hertt (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 5 1941 (Date received) (b) Mabel T. Felder (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Effie Hertt, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ralph Oliver Hertt (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. V. E. Fry (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Effie Hertt Signature
Bonners Ferry Ida. P. O. Address

Subscribed and sworn to before me on this 3 day of May, 1941

(SEAL) Ann Nally Notary Public, residing at Bonners Ferry Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/8/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993167-035-241 RECEIVED

MAY 4 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311494

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County NEZ PERCE (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years 3 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IdAHO (b) County NEZ PeRce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 Mo yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Lewiston Idaho

4. FULL NAME OF CHILD Harold Kenneth Richardson.
5. Date of Birth (Month, day, year) 5/17/09
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Noah Ennit Richardson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Huntsville (City or town) Wash. (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Furniture Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Agnes Smart
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Billings (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 4 - 1941 (Date received) (b) Maurl Feeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Shelton } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary A. Smart Richardson, being first duly sworn, say that I am mother related (Related to (or) acquainted with) Harold Kenneth Richardson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Raft (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary A. Smart Richardson Signature
Monitor Wash. P. O. Address

Subscribed and sworn to before me on this 3d day of February, 1941

(SEAL) L. Guy Nabie Notary Public, residing at Monitor Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/8/41, w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1941 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 107 029 419

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 4 1941

State File No. 311496
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. 930 Cedar
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State [redacted] (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No. 930 Cedar
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address same

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Phillip Clifford Larson
5. Date of Birth (Month, day, year) Dec 7. 1909
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred John Larson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Dairying & Lumbering
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Regine Martinson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Vesteraalen (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 2 00 M. on the date and at the place stated above, and that personal particulars were furnished by Matilda Larson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) April 29th 1941 (Date received) (b) J. Jr. Thompson (Registrar's signature)
27. Given name added on ..... by J. Jr. Thompson (Registrar's signature)

25. Attendant's OWN signature J. Jr. Thompson M.D. (D.O., Midwife, etc.)
and address Moscow. Date April 29-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311539
Local Reg. No.
Reg. Dist. No.

MAY 3 1941

1. **PLACE OF BIRTH**
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Filer

3. **RESIDENCE of FATHER** (city, state) Filer Idaho

4. **FULL NAME OF CHILD** Beulah Henrietta Kalbfleisch
5. Date of Birth (Month, day, year) Sept. 20-1909
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Prescott John Kalbfleisch
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Osborn (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kathryn Ludlow
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Portland (City or town) Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 3-1941 (Date received) (b) Mabel T. Fuller (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Kathryn Ludlow Kalbfleisch, being first duly sworn, say that I am related to (Related to (or) acquainted with) Beulah Henrietta Kalbfleisch (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Charles Weatherbee (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Kathryn Ludlow Kalbfleisch Signature
Rt. 2, Filer, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of May, 1941

(SEAL) ____ Notary Public, residing at Filer, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311540
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Clearwater (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Kamiah, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): same as above

4. FULL NAME OF CHILD EVERETT BURRIS GRIFFIN
5. Date of Birth (Month, day, year) 1-20-09
6. Sex Male
7. Twin or Triplet Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Herman Griffin
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Freight Clerk
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Masil Clemans Griffin
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Kansas (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as grandmother (Mother, etc.)

26. (a) May 3 - 1941 (Date received) (b) Mabel T. Keller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah V. Clemans, being first duly sworn, say that I am related (Related to (or) acquainted with) to Everett Burris Griffin (Name of person on certificate above) as grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Gray (Name of attendant at birth), who attended said birth and I was present at the time of this birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah V. Clemans Signature
E 1217 North Avenue, Spokane, Washington P.O. Address

Subscribed and sworn to before me on this 11th day of April, 19 41
(SEAL) ..... Notary Public, residing at Spokane, Washington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/8/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-216-029-363

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
MAY 9 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311552
Local Reg. No. 1412
Reg. Dist. No. 201

1. **PLACE OF BIRTH**
(a) County Latah (b) City Avon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 25 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Avon
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Avon

3. **RESIDENCE of FATHER** (city, state) Avon, Ida

4. **FULL NAME OF CHILD** Callie Irma Bower

5. Date of Birth (Month, day, year) Sept. 16, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Adam Bower
11. Color or Race white
12. Age at time of THIS births 39 yrs.
13. Birthplace Reading, Penn (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie A. Cale.
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Strawberry Point, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 4-22-41 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Jennie A. Bower, being first duly sworn, say that I am related to (Related to (or) acquainted with) Callie Irma Bower (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Vanlaak (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Jennie A Bower Signature
Avon Idaho P. O. Address

Subscribed and sworn to before me on this 26 day of April, 1941

(SEAL) Marion Smuckey Notary Public, residing at Moscow Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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635702029 594

United States
Department of Commerce
Bureau of Census

MAY 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311579
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. 335 NORTH ALMON
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: ~~In Hosp. or Mat.~~ Home ~~days.~~
IN **THIS** county 40 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATHA
(c) City Moscow Idaho
(d) Street Address or R.F.D. No. 335 North Almon
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address died 1939

3. **RESIDENCE of FATHER** (city, state) MOSCOW IDAHO

4. **FULL NAME OF CHILD** BERNARD. MILTON. OTNESS

5. Date of Birth (Month, day, year) 6-2-1909

6. Sex MALE

7. ~~Twin~~ or ~~Triplet~~ ~~If so, born 1st, 2nd, 3rd~~

8. No. months of Pregnancy Normal

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis OTNESS
11. Color ~~or Race~~ WHITE
12. Age at time of THIS birth 45 yrs.
13. Birthplace KRITIASUND Norway (City or town) (State or foreign country)
14. Exact Occupation INSURANCE AGENT
15. Industry or Business WAREHOUSE MANAGER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie. Marie Eid
17. Color ~~or Race~~ WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace EIDSVOLD NORWAY (City or town) (State or foreign country)
20. Exact Occupation HOUSEKEPER
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, ~~stillborn~~ at Moscow Idaho M. on the date and at the place stated above, and that personal particulars were furnished by Louis Otness (Father) (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) May 6, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louis Otness, being first duly sworn, say that I am Father (Related to (or) acquainted with) Bernard Milton Otness (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) ~~cannot be located~~) and that this birth **has not been previously recorded.**

Louis Otness Signature
Box 368 Moscow Idaho P. O. Address

Subscribed and sworn to before me on this 5 day of May, 1941

(SEAL) M. F. Armon Notary Public, residing at Moscow Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/10/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

842-116 020-859

311588

United States
Department of Commerce
Bureau of Census

MAY 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County ELMORE (b) City KING HILL
(c) Street Address or R.F.D. No. Depot.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 1 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County ELMORE
(c) City KING HILL
(d) Street Address or R.F.D. No. DEPOT
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address HANSEN, IDAHO

3. **RESIDENCE of FATHER** (city, state) HANSEN, IDAHO

4. **FULL NAME OF CHILD** HOWARD CHESTER HUBBARD

5. Date of Birth (Month, day, year) MAY 16-1909

6. Sex MALE

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** WILLIAM E. HUBBARD
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace St. Joseph, MICH. (City or town) (State or foreign country)
14. Exact Occupation RAILROAD AGENT
15. Industry or Business RAILROAD

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY S. HEIDENREICH
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace SWAN, GERMANY (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE (c) Born alive and now ~~dead~~ NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as FATHER and MOTHER (Mother, etc.)

26. (a) May 6-1941 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of IDAHO
County of TWIN FALLS } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ~~HOWARD CHESTER~~ WILLIAM E HUBBARD & MARY S. HUBBARD, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) HOWARD CHESTER HUBBARD (Name of person on certificate above) as father & mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. CHAS. C. SMITH (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William E. Hubbard — Mary S. Hubbard Signature
R#1 HANSEN, IDAHO P. O. Address

Subscribed and sworn to before me on this 5th day of MAY, 1941

(SEAL) [signature] Notary Public, residing at TWIN FALLS IDAHO.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/12/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

735-219 044-243

United States
Department of Commerce
Bureau of Census

MAY 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311595
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home Our home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Council Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Elsie Iva Glenn

5. Date of Birth (Month, day, year) Oct 19 1909

6. Sex Female 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd Second 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Joel Price Glenn	16. FULL MAIDEN NAME Iora Belle Butt
11. Color or Race White 12. Age at time of THIS birth 47 yrs.	17. Color or Race White 18. Age at time of THIS birth 28 yrs.
13. Birthplace Boone County Ark. (City or town) (State or foreign country)	19. Birthplace Wilson County Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6-15 P.M. on the date and at the place stated above, and that personal particulars were furnished by Iora Belle Glenn (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 7, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature Mary E. McGinley M.D. (D.O., Midwife, etc.)
and address Fruitvale Idaho Date 5/3/1941

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary E. McGinley Signature
Fruitvale Idaho P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/12/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

735 219 044 243

United States
Department of Commerce
Bureau of Census

MAY 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311596
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Council Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Effie Ida Glenn

5. Date of Birth (Month, day, year) Oct 19. 1909

6. Sex Female Twin or Triplet Twin If so—born 1st, 2nd, 3rd First

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joel Price Glenn
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Boone County Ark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Belle Sult
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Wilson County Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Cora Bee Glenn (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 7, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature Mary E. McGrady M.D. (D.O., midwife, etc.)
and address Fruitvale Idaho Date May 8-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary E. McGrady ..... Signature
Fruitvale Idaho ..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/12/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-120 035 699

311597

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City Juliaetta
(c) Street Address or R.F.D. No. #2
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Juliaetta
(d) Street Address or R.F.D. No. #2
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Juliaetta Idaho

3. **RESIDENCE of FATHER** (city, state) Juliaetta Ida

4. **FULL NAME OF CHILD** Marion Alfred Evans

5. Date of Birth (Month, day, year) May 20-1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Marion Evans
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Myrtle Wright
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 7, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mattie M. Wright, being first duly sworn, say that I am related (Related to (or) acquainted with) Marion Alfred Evans (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Stonefarmer (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mattie M Wright Signature
1312 Idaho St Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 21 day of May, 1941

(SEAL) Ruth Weisgerber CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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246-205-040-144

311603

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Providence Hospital
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 14 days. IN **THIS** county 4 years — month — days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Wallace Idaho

3. **RESIDENCE of FATHER** (city, state) Wallace Idaho

4. **FULL NAME OF CHILD** Martha Fene Bromaghin

5. Date of Birth (Month, day, year) June 5-1909

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick Lewis Bromaghin
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Elma City (City or town) Minnesota (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sulys Judd
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Fairbolt (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living One (c) Born alive and now dead — (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 7, 1941 (Date received) (b) Mairl H Eeleley (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frederick Lewis Bromaghin, being first duly sworn, say that I am related (Related to (or) acquainted with) Martha Fene Bromaghin (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Bryfield (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frederick Lewis Bromaghin Signature
18039-12 Ave NE Seattle Wash P. O. Address

Subscribed and sworn to before me on this 3 day of May, 1941

(SEAL) N Brown Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/12/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-124-027-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 7 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311605
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Jerome (formerly Lincoln) (b) City Jerome
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. In **THIS** county ....years 9 months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (a) State (b) County (c) City (d) Street Address or R.F.D. No. (e) How long has **MOTHER** lived in Idaho? ....yrs. (f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John Leslie Manner
5. Date of Birth (Month, day, year) July 24, 1909
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo.
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Joseph Manner
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace (City or town) Germany (State or foreign country)
14. Exact Occupation stock raising & farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Augusta Barkhau
17. Color or Race white
18. Age at time of THIS birth 35 years
19. Birthplace (City or town) not known (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead ~~None~~ one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) May 7 - 1941 (Date received) (b) Mabel F. Keefer (Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.) and address Date

State of Calif
County of Glenn } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret D. Manner, being first duly sworn, say that I am related (Related to (or) acquainted with) John Leslie Manner (Name of person on certificate above) as half sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that not known (Name of attendant at birth), who attended said birth ....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret D. Manner ....Name
Orland ....P. O. Address

Subscribed and sworn to before me on this 3rd day of May, 1941
(SEAL) Elma Kehren ....Notary Public, residing at Orland, Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c. c. 5/12/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-104-042-391

311613

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. Rural Route
(d) Name of Hospital or Maternity Home:
--(born in family home)
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. Rural Route
(e) How long has **MOTHER** lived in Idaho? 7½ yrs.
(f) Mother's mailing address RFD, Buhl, Idaho

3. RESIDENCE of FATHER (city, state) " " "

4. FULL NAME OF CHILD Dale Russell Trask

5. Date of Birth (Month, day, year) Feb. 4, 1909

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Raymond Trask
11. Color or Race White
12. Age at time of THIS birth 18 yrs.
13. Birthplace Springfield, Massachusetts (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna L. Trask
17 Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Grandy, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 9, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ANNA L. TRASK, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dale Russell Trask (Name of person on certificate above) as his Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Larsen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located), and that this birth has not been previously recorded.

Mrs Anna Trask Signature
Route 3, Nampa, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of May, 1941.

(SEAL) Mary B Edwards Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/9/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-128-035-035

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 10 1941

State File No. 311641
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. In THIS county 6 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address Culdesac
3. RESIDENCE of FATHER (city, state): Culdesac

4. FULL NAME OF CHILD Ellis Leroy Carlisle
5. Date of Birth (Month, day, year) June 28-1909
6. Sex male
7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Ellison Carlisle
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Sheridan (City or town) Oregon (State or foreign country)
14. Exact Occupation Owned Hardware Store
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elva Florilla Stevens
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hillsboro (City or town) Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 10-1941 (Date received) (b) Maurel F. Geeler (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elva Scott, being first duly sworn, say that I am (Related to (or) acquainted with) Ellis Leroy Carlisle (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Reynolds (Name of attendant at birth), who attended said birth Cannot be located (Is-now deceased (or) cannot be located) and that this birth has not been previously recorded.

617 Elva Florilla Carlisle Scott Signature
617 - Hobson St Walla Walla P. O. Address

Subscribed and sworn to before me on this 8 TH day of May, 1941

(SEAL) Mayfield Notary Public, residing at Walla Walla, Wn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/14/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-231-021-819

311642

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 121
Reg. Dist. No. 541

1. **PLACE OF BIRTH**
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No. Franklin
(e) How long has **MOTHER** lived in Idaho? life yrs.
(f) Mother's mailing address Dead - one year

3. **RESIDENCE of FATHER** (city, state) Franklin

4. **FULL NAME OF CHILD** Sabina Woodward

5. Date of Birth (Month, day, year) 31 Oct. 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ivan Woodward
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Rosina Hart
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Bloomington (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 4
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 2:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Ivan Woodward (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) 5/8/1941 (Date received) (b) G. W. States (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** G. W. States M.D. (D.O., Midwife, etc.)
and address Preston Ida. Date

State of ____ } ss.
County of ____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/15/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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955-124-036-142

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 2 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311668
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ONEIDA (b) City DANIELS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN AT RESIDENCE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ——days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City DANIELS
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? L I F E yrs.
(f) Mother's mailing address MALAD RT. I

3. RESIDENCE of FATHER (city, state) D

4. FULL NAME OF CHILD THEODORE RAYMOND REED

5. Date of Birth (Month, day, year) 4/24/09

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? LAWFUL

FATHER OF CHILD

10. FULL NAME JOHN THOMAS REED
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace WILLARD (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY JANE JOSEPHSON
17 Color or Race WHITE
18. Age at time of THIS birth yrs.
19. Birthplace MALAD (City or town) IDAHO (State or foreign country)
20. Exact Occupation NONE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 9 1941 (Date received) (b) Mabel F. Geder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of ONEIDA } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MARY JANE REED, being first duly sworn, say that I am THE MOTHER (Related to (or) acquainted with) Theodore Raymond REED (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. J. M. KERNS (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary J Reed — Signature
MALAD, IDAHO — P. O. Address

Subscribed and sworn to before me on this 1st day of May, 1941

(SEAL) John N. McAllister, Clerk of the District Court, residing at MALAD, IDAHO
by D.O. Jones, Deputy

Use only **BLACK** Ink or **BLACK** Record typewriter ribbon in completing this certificate. Mail **COMPLETED** certificate in envelope bearing **FIRST-CLASS** postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/15/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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702-119-016-418

311679

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Cassia (b) City Basin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Basin (RFD Oakley)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
(f) Mother's mailing address Basin, Idaho

3. **RESIDENCE of FATHER** (city, state) 1909

4. **FULL NAME OF CHILD** Albert Melvin Posey

5. Date of Birth (Month, day, year) Nov. 19, 1909

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnancy reg

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert W. Posey
11. Color or Race Creek Indian
12. Age at time of THIS birth 40 yrs.
13. Birthplace Waco, Texas (City or town) (State or foreign country)
14. Exact Occupation Herding sheep
15. Industry or Business Live Stock Raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Dayley
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Tooele, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home Making

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Dr. E. P. Oldham is deceased

26. (a) MAY 9 1941 (Date received) (b) Muriel F. Geeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ann Dayley Posey, being first duly sworn, say that I am related (Related to (or) acquainted with) to Albert Melvin Posey (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E. P. Oldham (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Ann Dayley Posey — Signature
Burley, Idaho — P. O. Address

Subscribed and sworn to before me on this 6th day of May, 19 41

(SEAL) Mary W. Tucker — Notary Public, residing at Burley, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1968

c.c. 5/15/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-104-014-864

311698

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

MAY 12 1941

1. **PLACE OF BIRTH**
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 12 and main St
(d) ~~Name of Hospital or Maternity~~ Home
(e) Mother's stay **BEFORE** delivery: ~~In Hosp. or Mat.~~ Home days.
IN **THIS** county 7 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 12 & Main St.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Caldwell Idaho.

3. **RESIDENCE of FATHER** (City) Caldwell Idaho

4. **FULL NAME OF CHILD** Clarence Layton Sloan

5. Date of Birth (Month, day, year) July 4 - 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Lorenzo Sloan
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Missouri U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Book keeper.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Blanche Hodson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Athol (City or town) Kansas U.S.A (State or foreign country)
20. Exact Occupation home-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 12 1941 (Date received) (b) Mabel F Eeler (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant [illegible]rth is NOT LIVING or CANNOT BE LOCATE[illegible]

I, Beatrice Decker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clarence Layton Sloan (Name of person on certificate above) as cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. A. Young (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Beatrice Decker Signature
7335 N.E. 15 ave. Portland Oregon P.O. Address

Subscribed and sworn to before me on this 6th day of May 1941

(SEAL) Will E. Gibson Notary Public, residing at Portland, Or.

My Commission Expires Jan. 1-1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/23/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

418-208-035-235

United States
Department of Commerce
Bureau of the Census

MAY 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311703
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Nez Perce (b) City Ilo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Ilo.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Ilo. Idaho

4. FULL NAME OF CHILD Dorothy Bell Daylong
5. Date of Birth (Month, day, year) August 8, 1902
6. Sex Female
7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____
8. No. months of Pregnancy
9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Lemuel Clyde Daylong
11. Color or Race W.
12. Age at time of THIS birth 27 yrs.
13. Birthplace Lyon Co. (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lula Anna Steinhauer
17. Color or Race W.
18. Age at time of THIS birth 28 yrs.
19. Birthplace Lincoln (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 12 1941 (Date received) (b) Maud H. Feeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lula Anna Daylong, being first duly sworn say that I am related to (Related to (or) acquainted with) Dorothy Bell Daylong (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that H. C. Parrish, MD (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lula Anna Daylong. Signature
Thompson Apts-Lewiston P. O. Address

Subscribed and sworn to before me on this 9 day of May, 1941.

(SEAL) Philip Meisinger Notary Public, residing at ____

CLERK OF THE DISTRICT COURT
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

918-115-009-495

311706

United States
Department of Commerce
Bureau of the Census

MAY 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Page Hospital.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 15 days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Heron (b) County Sanders
(c) City Montana
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Heron, Mont

4. FULL NAME OF CHILD Roy Ralph Raynor.
5. Date of Birth (Month, day, year) Jan 15-1909
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Frederick William Raynor
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Yankton, S. Dak. (City or town) (State or foreign country)
14. Exact Occupation woods man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Louisa Dingley.
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Heron, Montana (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 12 1941 (Date received) (b) Maud K Keefer (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bessie Louisa Raynor, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Roy Ralph Raynor (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Page (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bessie Louisa Raynor Signature
Pondray, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of May, 1941
(SEAL) Francis J. Long Probate Judge Notary Public, residing at Sandpoint

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/19/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

162-120-008-693

311713

United States
Department of Commerce
Bureau of Census

MAY 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Boise (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.
(f) Mother's mailing address Roseberry, Idaho

3. **RESIDENCE of FATHER** (city, state) Roseberry Idaho

4. **FULL NAME OF CHILD** Everett Claud Moss

5. Date of Birth (Month, day, year) June 20 1909

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9 mo.

9. Legitimate? positive

FATHER OF CHILD

10. **FULL NAME** Ernest Lawrence Moss
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Ottumwa (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mae Rebecca Wilson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Hamilton (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living alive (c) Born alive and now dead alive (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Mae Rebecca Moss (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) May 12-1941 (Date received) (b) Mabel H Geeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Kansas
County of Sedgwick } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mae Rebecca Moss, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Everett Claud Moss (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that not known (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Mae Rebecca Moss Signature
1339 B Utting, Wichita Kans. P. O. Address

Subscribed and sworn to before me on this 9 day of May, 1941

(SEAL) Arthur R. Dessington Notary Public, residing at 802 W. Douglas Wichita, Kans.

My commission expires October 29, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/19/41. W.G.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-221-014-
292

ED

311767

United States
Department of Commerce
Bureau of Census

MAY (Be sure the information is as of date of birth of THIS child) 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 941
Local Reg. No. 6
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 2 years month 8 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Emmett, Idaho

3. **RESIDENCE of FATHER** (city, state Emmett, Ida.

4. **FULL NAME OF CHILD** LaVierre Eloine Gilmore

5. Date of Birth (Month, day, year) July 21, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Wesley Gilmore
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Pawnee County, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adelia Emma Bisping
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace New Albin, Iowa (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Adelia Gilmore (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) 5-9-41 (Date received) (b) J. L. Reynolds (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature J. L. Reynolds M.D. (D.O., Midwife, etc.)
and address Emmett ~~Date~~ 5-8-41

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), ~~whose birth certificate~~ appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/20/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236 104 016-391

United States
Department of Commerce
Bureau of the Census

MAY 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311808
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Cassia (b) City: Albion
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Calif. (b) County: Humboldt
(c) City: Eureka
(d) Street Address or R.F.D. No.: P.O. Box 390
(e) How long has **MOTHER** lived in Idaho? 49 yrs.
(f) Mother's mailing address: Box 390 Eureka, Calif.

3. **RESIDENCE OF FATHER** (city, state): Eureka, Calif.

4. **FULL NAME OF CHILD:** Elmer Kay Stokes

5. Date of Birth (Month, day, year): July 4 1909

6. Sex: male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** George Lane Stokes
11. Color or Race: white
12. Age at time of THIS birth: 28 yrs.
13. Birthplace: Albion (City or town) Idaho (State or foreign country)
14. Exact Occupation: farmer
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Jessie Leona Hammer
17. Color or Race: white
18. Age at time of THIS birth: 24 years
19. Birthplace: Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 5 (b) Born alive and now living: 11 (c) Born alive and now dead: / (d) Stillborn:

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 15 - 1941 (Date received) (b) Mabel T. Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
County of Santa Clara } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Burke, being first duly sworn, say that I am related (Related to (or) acquainted with) Elmer Kay Stokes (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Story (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Burke — Name
375 E Court St. San Jose Cal — P. O. Address

Subscribed and sworn to before me on this 12 day of May, 1941.

(SEAL) Santa Clara — Notary Public, residing at San Jose, Cal

F. C. Quinn
Notary Public in and for the County of Santa Clara, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/21/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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818-221 010-386 RECEIVED

United States Department of Commerce Bureau of Census

MAY 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311811
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bonneville (b) City St. Leon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City St. Leon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.
(f) Mother's mailing address 675 2 St. Idaho Falls Ida.

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Ruby Lavina Hayward

5. Date of Birth (Month, day, year) July 21 1909

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Hayward
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace South Wales (City or town) England (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Thomas
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Lehi (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Jane Thomas Hayward (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 15, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Jane Thomas Hayward being first duly sworn, say that I am Mother (Related to (or) acquainted with) Ruby Lavina Hayward (Name of person on certificate above) Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife (Name of attendant at birth), who attended said birth Now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Jane Thomas Hayward Signature
Idaho Falls Idaho 675 Eye St P. O. Address

My Commission expires 3/2/1943

Subscribed and sworn to before me on this 12th day of May, 1941

(SEAL) M. Beatty Notary Public, residing at in Los Angeles County Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/22/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155 731 021-381

United States
Department of Commerce
Bureau of Census

MAY 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311815
Local Reg. No. 133
Reg. Dist. No. 540

1. PLACE OF BIRTH
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Gerald Jensen

5. Date of Birth (Month, day, year) Jan 31, 1909

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph W. Jensen
11. Color or Race W **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Preston Idaho (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Chadwick
17 Color or Race W **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Napleton Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 1 A.M. on the date and at the place stated above, and that personal particulars were furnished by Family record (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 5/12/41 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho, County of Franklin. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah C. Jensen, being first duly sworn, say that I am related to (Related to (or) acquainted with) ~~Joseph Jensen~~ Gerald Jensen (Name of person on certificate above) as ~~wife~~ Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the person (Name attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah C. Jensen Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of May 1941

(SEAL) T. McCordie Notary Public, residing at Preston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/22/41 L. R.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

618 707 029 · 789

United States
Department of Commerce
Bureau of Census

MAY 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311874
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home nondays.
IN **THIS** county 8 years 10 month 7 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Kendrick Idaho
3. **RESIDENCE of FATHER** (city, state) " "

4. **FULL NAME OF CHILD** Guy Walter Way
5. Date of Birth (Month, day, year) Sept 7. 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Way
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Lansing Mich. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Phillips
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Johnstown Pa. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) May 16-1941 (Date received) (b) Mabel I. Eeler (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Douglas } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Way, being first duly sworn, say that I am related (Related to (or) acquainted with) Guy Walter Way (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret Phillips Way Signature
Myrtle Creek Oreg P. O. Address

Subscribed and sworn to before me this 14 day of May 1941

(SEAL) Notary Public, residing at Myrtle Creek Ore.

MY COMMISSION EXPIRES JANUARY 12, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/23/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311882
Local Reg. No.
Reg. Dist. No.

MAY 17 1941

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Grace
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: Born At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 1 years 10 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yr 10 mo yrs.
(f) Mother's mailing address Grace, Idaho

3. **RESIDENCE OF FATHER** (city, state) Grace, Idaho

4. **FULL NAME OF CHILD** John William Bannister

5. Date of Birth (Month, day, year) Oct. 16-1909

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur George Bannister
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace North Ockendon, Essex England (City or town) (State or foreign country)
14. Exact Occupation Utility Man, Electric Plant
15. Industry or Business Electric Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Lillian Diston
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace London England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 17-1941 (Date received) (b) Mark H Eddy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Kate L. Bannister, being first duly sworn, say that I am mother (Related to (or) acquainted with) John William Bannister (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Stddard (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Kate L Bannister — Name
2079 Pacific ave. Long Beach Cal — P. O. Address

Subscribed and sworn to before me on this 13 day of May 1941

(SEAL) My Commission Expires Oct. 11, 1944 Notary Public, residing at Long Beach Cal

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/23/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311892
Local Reg. No.
Reg. Dist. No.

MAY 19 1941

1. PLACE OF BIRTH
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days
IN THIS county years 8 months 5 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3/12 yrs
(f) Mother's mailing address Glen Dale

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Lucille Margaret Zortman
5. Date of Birth (Month, day, year) April 7 1909
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oliver Peter Zortman
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Palmyra (City or town) Penna. (State or foreign country)
14. Exact Occupation mining
15. Industry or Business mine operator

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Leigh Finn
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Sparta (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) May 19-1941 (Date received) (b) Mabel Geefer (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rose Leigh Zortman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lucille Margaret Zortman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Plummer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) ~~cannot be located~~) and that this birth has not been previously recorded.

Rose Leigh Zortman Signature
4128 Shady Glade Ave. North Hollywood P. O. Address

Subscribed and sworn to before me on this 17th day of May, 1941

(SEAL) Notary Public Notary Public, residing at Los Angeles Calif
Notary Public in and for the County of Los Angeles, State of California
My Commission Expires April 19, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

943 128-022-249

311906

United States
Department of Commerce
Bureau of Census

MAY 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. 3rdwest, 4thsouth
(d) Name of Hospital or Maternity Home: None.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 25 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address St. Anthony

3. RESIDENCE of FATHER (city, state) St. Anthony

4. FULL NAME OF CHILD Henry James Ruthardt

5. Date of Birth (Month, day, year) April 28, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Otto Albin Ruthardt
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Hajsleben, Germany (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Vendor of Meats & Grocerys.

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Smith
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Randolph, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 20 1941 (Date received) (b) Mabel F. Geeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Agnes Ruthardt, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Henry James Ruthardt (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. West (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Agnes Ruthardt Signature

St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me on this 19 day of May, 1941

(SEAL) ..... ~~Notary Public~~, residing at ST. ANTHONY, IDA.

Clerk of District Court.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

P. C. 4-24-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265 221 037 546

United States
Department of Commerce
Bureau of the Census

MAY 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311914
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Owyhee (b) City Oreana
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home None days. In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State Idaho (b) County Owyhee
(c) City Oreana
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs 5 Mo. yrs.
(f) Mother's mailing address Oreana, Ida
3. RESIDENCE of FATHER (city, state): Oreana Ida

4. FULL NAME OF CHILD Adelaide Camile Koeppe
5. Date of Birth (Month, day, year) Aug 21 1909
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Herman Koeppe
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Lindsay (City or town) Nebr. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Livina Edwards
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lindsay (City or town) Nebr. (State or foreign country)
20. Exact Occupation House work.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 16 1941 (Date received) (b) Mabel Geeder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Ida
County of Owyhee } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie Livina Blackburn being first duly sworn, say that I am the Mother of (Related to (or) acquainted with) Adelaide Camil Koeppe (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Fuery (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Minnie Livina Blackburn Signature
1414-2 St So. Nampa Ida. P. O. Address

Subscribed and sworn to before me on this 5 day of May 1941

(SEAL) Miles A Lewis Notary Public, residing at Nampa Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/27/41. W.H.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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262-215 007-699

311925

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 1 9

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 1 years 8 month none days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 2 yrs.
(f) Mother's mailing address Genl-delivery

3. **RESIDENCE of FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Ella Marie Bostwick

5. Date of Birth (Month, day, year) Sept 15, 1909

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George H Bostwick
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Prineville Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Francis Wirt
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Lacomb Oregon (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6 P M. on the date and at the place stated above, and that personal particulars were furnished by Ida Bostwick (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAY 19 1941 (Date received) (b) Maud H Leeper (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Oregon
County of Linn } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida Francis Bostwick, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ella Marie Bostwick (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ella Wirt Bostwick (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ida Francis Bostwick Signature
Lacomb Oregon P. O. Address

Subscribed and sworn to before me on this 10th day of May 1941

(SEAL) Nancy A. Wright Notary Public for Oregon residing at Lebanon, Oregon
My Commission Expires October 24, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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469 108 035 412

311926

United States
Department of Commerce
Bureau of Census

MAY

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Southwick Idaho.

3. **RESIDENCE of FATHER** (city, state) Southwick Ida.

4. **FULL NAME OF CHILD** William Laverne Morrison

5. Date of Birth (Month, day, year) Oct 8- 1908

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** George Marion Morrison
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace College Springs (City or town) Iowa (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Massey
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Coffeyville (City or town) Kansas (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 19 1941 (Date received) (b) Mabel V. Eddy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara Michaelis, being first duly sworn, say that I am Related to (Related to (or) acquainted with) William Laverne Morrison (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Doctor (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Clara Michaelis Signature
Box 626 Lewiston Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of May 1941

(SEAL) E E Grammes Notary Public, residing at Lewiston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/10/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445 704-014 249

United States
Department of Commerce
Bureau of Census

RECEIVED
MAY 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311939
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. 3rd St.
(d) Name of Hospital or Maternity Home: Born at home - not in any hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 2 years 8 month 28 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. 3rd St. (no number)
(e) How long has **MOTHER** lived in Idaho? 2 yrs 8 mos
(f) Mother's mailing address Emmett, Ida

3. **RESIDENCE of FATHER** (city, state) Emmett, Ida

4. **FULL NAME OF CHILD** Howard Vern Munday
5. Date of Birth (Month, day, year) March 4, 1909
6. Sex Boy
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Vern Bell Munday
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace near Springfield, Ill. (City or town) (State or foreign country)
14. Exact Occupation Retail Salesman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Burton
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace South Haven, Mich. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 P.M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 20 1941 (Date received) (b) Mabel T. Geller (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie Burton Munday, being first duly sworn, say that I am related to (Related to (or) acquainted with) Howard Vern Munday (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Robert Greene (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Annie Burton Munday Signature
2024-E-3d Ave. Spokane Wash. P. O. Address

Subscribed and sworn to before me on this 19 day of May, 1941

(SEAL) Winifred McPherson Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/28/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814 124 029 235

United States
Department of Commerce
Bureau of Census

MAY 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311944
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home X days. IN **THIS** county 6 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address deceased

3. **RESIDENCE of FATHER** (city, state) St. John, Wash.

4. **FULL NAME OF CHILD** Oscar Le Roy Hampton

5. Date of Birth (Month, day, year) April 24, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph D. Hampton
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Portsmith (City or town) Arkansas (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda (Gottenberg) Sletto
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Aneta (City or town) North Dakota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 20 1941 (Date received) (b) Mabel I Fletcher (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Clara Wilson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Oscar Le Roy Hampton as his aunt (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the attendant (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Clara Wilson Signature
Moscow Idaho Address

Subscribed and sworn to before me on this 17 day of May, 1941

(SEAL) A A Muskett Notary Public, residing at Lewiston, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/27/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465 728 001 446

311951

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311951
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Jefferson St.
(d) Name of Hospital or Maternity Home: Number not known
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 1 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Jefferson St.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Dead

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD John Stanley Monarch

5. Date of Birth (Month, day, year) Nov. 28, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Weir Henry Monarch
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Des Moines, Iowa (City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business Construction

MOTHER OF CHILD

16. FULL MAIDEN NAME Mable Muffett
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Rock Springs, Wyoming (City or town) (State or foreign country)
20. Exact Occupation Dry Goods Clerk
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Myra Muffett (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

26. (a) May 27, 1941 (Date received) (b) Mabel E. Elder (Registrar's signature)

27. Given name added on ..... by Mabel E. Elder (Registrar's signature)

25. Attendant's OWN signature Myra Muffett M.D. (D.O., Midwife, etc.)
and address Mackay, Ida. Date 3/2/41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/27/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433 127 001 399

311958

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Eagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Eagle
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address Eagle, Idaho

3. RESIDENCE of FATHER (city, state) Eagle, Idaho

4. FULL NAME OF CHILD Walter Aldon McCoy

5. Date of Birth (Month, day, year) March 27, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Austin W. McCoy	16. FULL MAIDEN NAME Lovina Triplett
11. Color or Race white	17. Color or Race white
12. Age at time of THIS birth 39 yrs.	18. Age at time of THIS birth 33 yrs.
13. Birthplace Sheriden, (City or town) Iowa (State or foreign country)	19. Birthplace Little Rock, (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 p.M. on the date and at the place stated above, and that personal particulars were furnished by Susie M. Cuddy (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) May 28, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature Susie M Cuddy M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/28/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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314-128-018-543

RECEIVED MAY 26 1944

312946

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Clearwater (b) City Weippe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county 12 years 6 month — days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Weippe
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Weippe, Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Owen Chauncey Campbell
5. Date of Birth (Month, day, year) Dec. 28, 1909
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis Benjamin Campbell
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Pulaski County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Effie Eutsler
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Stockton, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) May 26-1941 (Date received) (b) Mabel F. Eddy (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nezperce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hattie Effie Campbell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Owen Chauncey Campbell (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Frey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hattie Effie Campbell Signature
0113-24th St. Lewiston, Idaho. P. O. Address

Subscribed and sworn to before me on this 24 day of May, 1944

(SEAL) [illegible] Notary Public, residing at Lewiston, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-203-025-632

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 312957
Local Reg. No. 36
Reg. Dist. No. 240

1. PLACE OF BIRTH:
(a) County Idaho (b) City x
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City near Kamiah, Idaho
(d) Street Address or R.F.D. No. x
(e) How long has MOTHER lived in Idaho? 49 yrs.
(f) Mother's mailing address Grangeville, Id.

3. RESIDENCE of FATHER (city, state): Deceased

4. FULL NAME OF CHILD Hazel Louise Westman
5. Date of Birth (Month, day, year) Sept. 3, 1909
6. Sex Female
7. Twin or Triplet x
If so—born 1st, 2nd, 3rd x
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Alfred Westman
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business xx

MOTHER OF CHILD
16. FULL MAIDEN NAME Emma Olson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Westby (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business xx

22. Name prophylactic used to prevent Ophthalmia Neonatorum x
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7
(c) Born alive and now dead x (d) Stillborn x

24. I HEREBY CERTIFY That I attended the birth of this child, who was x (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by x (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 20-41 (Date received) (b) F. S. Chapman (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature x M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Westman, being first duly sworn, say that I am Related (Related to (or) acquainted with) Hazel Louise Westman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Aldridge (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Westman Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 19 day of May, 19 41
(SEAL) T. F. Rothwell Notary Public, residing at Grangeville, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/12/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

919.1.2.1.2 28-469

312979

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Couer d'Alene
(c) Street Address or R.F.D. No. Rural district
(d) Name of Hospital or Maternity Home: None, born at Home
(e) Mother's stay BEFORE delivery: at Home
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnai
(c) City Cour d'Alene
(d) Street Address or R.F.D. No. had none
(e) How long has MOTHER lived in Idaho? 4 Mos yrs.
(f) Mother's mailing address No. 19 Bernard St
3. RESIDENCE of FATHER (city, Spokane, Wn.

4. FULL NAME OF CHILD Chester Volney Martin Deceased
5. Date of Birth (Month, day, year) July 21, 1909
6. Sex male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Joseph Anthony Martin	16. FULL MAIDEN NAME Vera Y. Morton
11. Color or Race white	17 Color or Race white
12. Age at time of THIS birth 31 yrs.	18. Age at time of THIS birth 17 yrs.
13. Birthplace Indiana, near Elkhart (City or town) (State or foreign country)	19. Birthplace Pipestone, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Truck farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living ____
(c) Born alive and now dead 1 (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by undersigned (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAY 22 1941 (Date received) (b) Mabel H Eeder (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature midwife, deceased, / name unknown now M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Vera Y. Englehart, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of the above named Chester Volney Martin (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth is undeceased (Is now deceased ~~(or) cannot be located~~) and that this birth has not been previously recorded.

Vera Y Englehart Signature
P. O. Address

Subscribed and sworn to before me on this 21st day of May, 1941

(SEAL) F. Clancy Notary Public, residing at Spokane Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-108-022-813

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 21 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 312984
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Farnum
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay BEFORE delivery: ✓
In Hosp. or Mat. Home ✓ days.
In THIS county 23 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 54 yrs.
(f) Mother's mailing address (For registration notice): R.F.D. # 1 (Street or R. F. D.) St Anthony Ida (Postoffice)

3. RESIDENCE OF FATHER (city, state) St Anthony Ida

4. FULL NAME OF CHILD George William Newby
5. Date of Birth (Month, day, year) Feb 8, 1909
6. Sex Male
7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd 3
8. No. months of Pregnancy 9 mo.
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Newby
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Sunderland (City or Town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Jane Hathaway
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Teton (City or Town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Harriet Newby (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) MAY 21 1941 (Date received) (b) Mabel F. Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature E. L. Harris (D.O., Midwife, etc.)
and address Rexburg Date 5-18-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

751-211-025-168

313001

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

MAY 22 1941

1. **PLACE OF BIRTH**
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. 818 So Hall St
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. 818 So Hall St
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Grangeville, Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Estaline Geary.

5. Date of Birth (Month, day, year) March 11-1909

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Matthew Byron Geary.
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Clarksburg (City or town) West Va. (State or foreign country)
14. Exact Occupation Business Man
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Mae Johnson
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Grangeville (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 22 1941 (Date received) (b) Maiel F. Feefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** (Dr. J. A. Campbell deceased) M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Amy Kirby, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mary Estaline Geary (Name of person on certificate above) as maternal aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. A. Campbell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Amy Kirby Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 29th day of May, 1941

(SEAL) ..... Notary Public, residing at Grangeville, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436-222-[illegible]-749

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 313014

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No. Farm
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Southwick Idaho

4. FULL NAME OF CHILD Leola Mildred McFadden
5. Date of Birth (Month, day, year) Dec. 22, 1909
6. Sex Female
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Melvin McFadden
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Sunville (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha May Gurney
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Hat (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 20, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs. J. M. McFadden, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leola Mildred McFadden (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Mrs J M McFadden Signature
Rt #2, Box 141 - Clarkston Wn. P. O. Address

Subscribed and sworn to before me on this 19 day of May, 1941

(SEAL) Ralph Weisgerber CLERK OF THE DISTRICT COURT AND Notary Public, residing at .....
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/2/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

394-129-032-395

RECEIVED MAY 20 1941

313017

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: neither was in my own home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years 9 month 28 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address ~~Shoshone Idaho~~

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Arlyn King Truman.

5. Date of Birth (Month, day, year) July 29, 109

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Gill Truman.
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Clay center Kansas. (City or town) (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business Employing Printer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie May King.
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Avilla Mo. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 20, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Shoshone Date May 18/41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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653-122-008-85 RECEIVED

United States Department of Commerce Bureau of Census

MAY 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313018
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Boise (b) City Grass
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Grass
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Grass Idaho

3. **RESIDENCE of FATHER** (city, state) Grass Idaho

4. **FULL NAME OF CHILD** Theodore Wells

5. Date of Birth (Month, day, year) Sept 27 - 1909

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Y

FATHER OF CHILD

10. **FULL NAME** Jesse P. Wells
11. Color or Race white
12. Age at time of THIS birth 67 yrs.
13. Birthplace Cornwall (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Virginia Heart
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Mo. Jefferson Co (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4 (c) Born alive and now dead 5 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as Helen Virginia Wells (Mother, etc.)

26. (a) MAY 20 1941 (Date received) (b) Merl H Fecher (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mrs Carrie Gross M.D. (D.O., Midwife, etc.)
and address Emmett, Ida. Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ~~Mrs Carrie Gross~~ (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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763-228-119-336

313067

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Custer (b) City Chilly
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ~~many~~ days.
In THIS county 4 years 15 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Chilly
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 32 yrs.
(f) Mother's mailing address Deceased
3. RESIDENCE of FATHER (city, state) Moore, Idaho

4. FULL NAME OF CHILD Vera Gottfredson
5. Date of Birth (Month, day, year) Feb 28 1909
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Y

FATHER OF CHILD

10. FULL NAME Wilford Peter Gottfredson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Chilly (City or town) Idaho (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Howard: deceased
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Moroni (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at Chilly M. on the date and at the place stated above, and that personal particulars were furnished by Wilford Peter Gottfredson (First name) (Last name) who is related to this child as Father (Mother, etc.)

RECEIVED

26. (a) MAY 24 1941 (Date received) (b) Mabel T. Edelen (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Butte } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Wilford Peter Gottfredson, being first duly sworn, say that I am Father (Related to (or) acquainted with) Vera Gottfredson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Charles F. Baker (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Wilford Peter Gottfredson Signature
Moore Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of April 1941

(SEAL) Notary Public, residing at Arco, Idaho

Notary Public residing at Arco, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-222-810-292

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

313078

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Herman
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Herman
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address Herman Idaho

3. **RESIDENCE OF FATHER** (city, state) Herman Idaho

4. **FULL NAME OF CHILD** Alta ~~Al~~ Alene Wakeman

5. Date of Birth (Month, day, year) July 22, 1909

6. Sex. female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** August Wakeman
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Wasa (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Adell Sibbett
17. Color or Race white
18. Age at time of THIS birth 28 years
19. Birthplace Star Valley (City or town) Wyo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 1:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Adell Wakeman (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) May 26-1941 (Date received) (b) Mabel H. Geelen (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. ~~Attendant's~~ **OWN signature** Albert Sibbett M.D. or Midwife (D.O., Midwife, etc.)
and address Gray, Idaho Date 12/21/40

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with) .....as..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-131-640-253

United States
Department of Commerce
Bureau of the Census

MAY 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

313088

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County..... (b) City Mullen
(c) Street Address or R F.D No. None
(d) Name of Hospital or Maternity Home:
born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Nebraska (b) County Lancaster
(c) City Roca
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Roca Nebr.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Waldo Benninghoven

5. Date of Birth (Month, day, year) July 31, 1909

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Benninghoven
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business Silver mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Hilda Bechtel
17. Color or Race white
18. Age at time of THIS birth 25 years
19. Birthplace Seward (City or town) Nebraska USA (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) MAY 26 1941 (Date received) (b) Mabel H. Becker (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Nebraska
County of Lancaster } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, May H. (Bechtel) Ward, being first duly sworn, say that I am related to (Related to (or) acquainted with) Waldo Benninghoven (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that name unknown (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

May H. (Bechtel) Ward. Name

RFD#2 Roca Nebraska P. O. Address

Subscribed and sworn to before me on this 24th day of May, 1941.

(SEAL) M. Lindah Notary Public, residing at Hickman, Nebraska.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

835-219-BC-866

313138

United States
Department of Commerce
Bureau of Census

MAY 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Elmore (b) City Mt'n. Home
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Birth at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mt'. Home
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? one yrs.
(f) Mother's mailing address Mt'n.Home, Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Lillian May Blenkner

5. Date of Birth (Month, day, year) 7-19-09

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Peter Blenkner
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Barnsville, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Samantha May Hood
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Flora, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 28, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Luther N Olsen, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Lillian May Blenkner (Name of person on certificate above) as acquaintance of family (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F.S.Hawley (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Luther N Olsen
Signature

3933 Whitman Avenue, Seattle, Wash
P. O. Address

Subscribed and sworn to before me on this 24th day of May, 1941

(SEAL) Gill Schlen
Notary Public, residing at Seattle, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

441-115022-719

313141

United States
Department of Commerce
Bureau of Census

MAY 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Fremont (b) City Annis
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Confined at home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
IN **THIS** county — years — month — days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Ida. (b) County Fremont
(c) City Annis
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Annis, Idaho
3. **RESIDENCE of FATHER** (city, state) Annis, Ida.

4. **FULL NAME OF CHILD** Ervin Lafayette Drake
5. Date of Birth (Month, day, year) Aug. 15, 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** Lawrence Drake	16. **FULL MAIDEN NAME** Agnes Jeanette Park
11. Color or Race White	17 Color or Race White
12. Age at time of THIS birth 25 yrs.	18. Age at time of THIS birth 23 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)	19. Birthplace La Belle, Idaho (City or town) (State or foreign country)
14. Exact Occupation Carpenter	20. Exact Occupation Housewife
15. Industry or Business —	21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 31, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho, County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lawrence Drake, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ervin Lafayette Drake (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Ray Underwood (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lawrence Drake — Signature
Pocatello, Idaho — P. O. Address

Subscribed and sworn to before me on this 28th day of May 1944

(SEAL) My Com. Expires Oct. 16th 1944

Theo J. Turner — Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/9/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-107-029-919

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313171
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or ~~Maternity Home~~: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 3 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Kendrick, Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Charles Chester Taylor
5. Date of Birth (Month, day, year) March 7, 1909
6. Sex Male
7. Twin or Triplet single birth If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mason Alvah Taylor
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Kendrick, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Rains
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Camden County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 28-1941 (Date received) (b) Mabel H Keeler (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mason Alvah Taylor, being first duly sworn, say that I am related to (Related to (or) acquainted with) (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Ann Taylor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mason Alvah Taylor
Signature
Route #1 Wapato, Washington
P. O. Address

Subscribed and sworn to before me on this 24th day of May, 1941

(SEAL) L. C. Young Notary Public, residing at Toppenish, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

c.c. 6/10/41. w.h.

dwp 061909-315370

239-121-238-239

313174

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 28 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Payette (b) City Fruitland
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 1 month 18 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Fruitland
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Payette Idaho

3. **RESIDENCE of FATHER** (city, state) Fruitland, Idaho

4. **FULL NAME OF CHILD** Chester Glen Strawn

5. Date of Birth (Month, day, year) Nov. 21, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Blaine Strawn
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace New Cumberland (City or town) Ohio (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Linda Slinker
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace St Charles (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (~~born~~ alive, ~~stillborn~~) at 6 4 M. on the date and at the place stated above and that personal particulars were furnished by Myself (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 28 1941 (Date received) (b) Mark H. Geiger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ~~Nettie Linda Strawn~~ (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nettie Linda Strawn, being first duly sworn, say that I am Related (Related to (or) acquainted with) to Chester Glen Strawn (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1907 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Dorthea Hicks (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nettie Linda Strawn Signature
Payette Idaho R0 1 P. O. Address

Subscribed and sworn to before me on this 27th day of May 1941.

(SEAL) H. A. Thompson Notary Public, residing at Fruitland Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/10/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

947-125-003-689 D

313199

United States
Department of Commerce
Bureau of the Census

MAY 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ONE years 4 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? two yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD RAYMOND LEO DUGGAN
5. Date of Birth (Month, day, year) April 25, 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME WILLIAM EDGAR DUGGAN
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace Red Mountain, Colorado (City or town) (State or foreign country)
14. Exact Occupation Grocery Clerk
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA WHITE
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace Coal Creek, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by William (First name) Edgar Duggan (Last name), who is related to this child as Father (Mother, etc.)

26. (a) May 29-1941 (Date received) (b) Mabel H. Felker (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs. Carrie Bird M.D. (D.O., Midwife, etc.)
and address 905 So. Main Date Midwife

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

c.c. 6/11/41 w.h.

239-119-044-658

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313300
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Oregon (b) County Malheur
(c) City Vale
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 M. Yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Vale, Ore

4. FULL NAME OF CHILD Alvin Harold Struthers
5. Date of Birth (Month, day, year) Sept. 19, 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Benjamin Chester Struthers
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Florence Lovenia Weymouth
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Lowell Massachusetts (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) June 3-1941 (Date received) (b) Mabel T. Geeler (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Florence Lovenia Struthers, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alvin Harold Struthers (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lottie Wetzler (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Florence Lovenia Struthers. Signature
Vale, Oregon P. O. Address

Subscribed and sworn to before me on this 31st day of May, 1941

(SEAL) Percy Curvis Notary Public, residing at Vale, Oregon
my Com expires Jan. 20 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/13/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413 224 037-352

United States
Department of Commerce
Bureau of Census

RECEIVED JUN 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313313
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Owyhee (b) City Delamar Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 2 years 4 month 15 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Delamar
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Delamar Ida

4. FULL NAME OF CHILD Consuelo Mallea

5. Date of Birth (Month, day, year) Sept. 24, 1909

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Jose Mallea	16. FULL MAIDEN NAME	Agueda Lesertua
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	36 yrs.	18. Age at time of THIS birth	24 yrs.
13. Birthplace (City or town)	Ea	19. Birthplace (City or town)	Eremo
(State or foreign country)	Spain	(State or foreign country)	Spain
14. Exact Occupation	miner + mill worker	20. Exact Occupation	housewife
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Agueda Mallea (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) June 4, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature Claudia Cortabitarte M.D. (D.O., Midwife, etc.)
and address Jordan Valley Ida Date June 2, 1941

State of ____ } ss.
County of ____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature
____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/16/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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656 107-016-231

313342

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 5 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home no days. IN **THIS** county 1909 years May month 7 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Albion Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Ivan Delos Fewkes

5. Date of Birth (Month, day, year) May. 7 1909.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ivan Fewkes
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Upton (City or town) Summit - Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Essie Dot Stallings
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Silver Creek (City or town) Mich. - Allegan (State or foreign country)
20. Exact Occupation house Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 13 (c) Born alive and now dead None (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUN 5 1941 (Date received) (b) Mabel Keeler (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Erma Fewkes Beatty, being first duly sworn, say that I am related (Related to (or) acquainted with) Ivan Delos Fewkes (Name of person on certificate above) as older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Storey (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Erma Fewkes Beatty Signature
2644 Gale Ave. Long Beach, Calif. P. O. Address

Subscribed and sworn to before me on this 3rd day of June, 1941

(SEAL) Verne Criswell Notary Public, residing at Long Beach, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/14/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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286-114-028 795

313353

United States
Department of Commerce
Bureau of Census

JUN 6 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Kootenai (b) City Coeur d' Alene
(c) Street Address or R.F.D. No. 1013 - 3rd St.
(d) Name of Hospital or Maternity Home: At my own home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years 7 month 13 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No. 1013 - 3rd St.
(e) How long has **MOTHER** lived in Idaho? Nearly 4 yrs.
(f) Mother's mailing address Gen. Del.

3. **RESIDENCE of FATHER** (city, state) Coeur d' Alene

4. **FULL NAME OF CHILD** Cecil Shockley.

5. Date of Birth (Month, day, year) Feb. 14 - 1909

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8 1/4

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Nathaniel Shockley.
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Kentucky. (City or town) (State or foreign country)
14. Exact Occupation Carpenter.
15. Industry or Business Carpenter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lorena Belle Arnold
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Wateros New Mexico (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid.
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1st.
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by Lorena B. Shockley (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) JUN 6 1941 (Date received) (b) Mary H. Eelfer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature John I Hood M.D. (D.O., Midwife, etc.)
and address Gdn. June 1. 41 Date Gdn.

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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792-116-035-731 RECEIVED

United States
Department of Commerce
Bureau of the Census

JUN 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313355
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Nez Perce (b) City Myrtle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Myrtle
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Cline Benjamin Gibbs
5. Date of Birth (Month, day, year) July 16, 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Edgar Gibbs
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ashland City (City or town) Tennessee (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lizzie Mae Glasgow
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Bellbury (City or town) Tennessee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 6, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Tennessee
County of Cheatham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am Related to (Related to (or) acquainted with) Cline Benjamin Gibbs (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Flemmings (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

J. E. Gibbs
Signature
Ashland City, Tennessee
P. O. Address

Subscribed and sworn to before me on this 18 day of April, 1941

(SEAL) J. W. Quickson, Notary Public, residing at
County Court Clerk

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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453 126 040 468

United States
Department of Commerce
Bureau of the Census

MAY 26 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313364
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City WARDNER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. 208 So. Div. St.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.
(f) Mother's mailing address (For registration notice):
208 So. Div. St. Kellogg
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Charles Hathorn Melzgar

5. Date of Birth (Month, day, year) Dec 26-1909

6. Sex Male

7. Twin or Triplet HAWTHORNE If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles E. Melzgar

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Fayette, Iowa
(City or Town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francis J. Doyle

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Waterford, Ireland
(City or Town) (State or foreign country)

20. Exact Occupation House wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol.

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead 1 (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 26, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's Signature)

25. Attendant's **OWN signature** J. R. Mason M.D. (D.O., Midwife, etc.)
and address ..... Date .....

Use only **BLACK INK** or **BLACK** Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

6/17/41 L. E.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

215-215 040693

United States
Department of Commerce
Bureau of the Census

RECEIVED
JUN 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313453
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 5 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Ruby Catharine Banks.
5. Date of Birth (Month, day, year) april 15 1909
6. Sex F
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Amos Carter Banks
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Kansas. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Kitty May Wilcox
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Spokane Wash. (City or town) (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 14-1941 (Date received) (b) Mabel H Eeefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature G. R. Mason M.D. (D.O., Midwife, etc.)
and address Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/18/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-221-029897

RECEIVED

JUN 1 3 1941

313503

United States
Department of Commerce
Bureau of Census

(But surname information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R. F. D. #2
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 0 days. IN THIS county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Princeton, Ida.

3. RESIDENCE of FATHER (city, state) Princeton

4. FULL NAME OF CHILD Mary Beryl Hall

5. Date of Birth (Month, day, year) Nov. 21, 1909

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oakey Pembroke Hall
11. Color or Race white 12. Age at time of THIS birth 22 yrs.
13. Birthplace Jackson, Minnesota (City or town) (State or foreign country)
14. Exact Occupation school teacher
15. Industry or Business Princeton, Ida. public sch'l.

MOTHER OF CHILD

16. FULL MAIDEN NAME Beryl Moriah Higgins
17. Color or Race white 18. Age at time of THIS birth 15 yrs.
19. Birthplace Richland, Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 1 3 1941 (Date received) (b) ____ (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Beryl M. Hall, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mary Beryl Hall (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. N. Clarke, M. D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Beryl M. Hall — Signature

R. F. D. #5, Moscow, Idaho — P. O. Address

Subscribed and sworn to before me on this 11 day of June, 19 41

(SEAL) J. R. Armen — Notary Public, residing at Moscow Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/19/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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689-213-028-689 RECEIVED

313526

United States
Department of Commerce
Bureau of the Census

JUN 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 192
Reg. Dist. No. 120

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 805 Sherman
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 13 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 805 Sherman
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address 805 Sherman

3. RESIDENCE of FATHER (city, state): Coeur d'Alene

4. FULL NAME OF CHILD HARRIET CONSTANCE WHITE

5. Date of Birth (Month, day, year) March 13, 1909

6. Sex F

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Clarence White
11. Color or Race W
12. Age at time of THIS birth 44 yrs.
13. Birthplace Wyoming, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Owner
15. Industry or Business Red Collar Boats

MOTHER OF CHILD

16. FULL MAIDEN NAME HARRIET MANSFIELD Whitmore
17. Color or Race W
18. Age at time of THIS birth 34 yrs.
19. Birthplace Corinth, Maine (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) June 4, 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hattie M. White, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harriet Constance White (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dwyer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Hattie M. White Signature
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of June, 1941

(SEAL) Jas. A. Foster Clerk of the District Court, Notary Public, Residing at By Ardath Baake, Deputy
Ex-Officio Auditor and Recorder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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962 22 7044 454

313586

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? life yrs.
(f) Mother's mailing address Weiser, Idaho

3. RESIDENCE of FATHER Weiser, Idaho

4. FULL NAME OF CHILD Virginia Bernadine Rose

5. Date of Birth (Month, day, year) Nov. 27, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Aaron Rose, Senior.
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Virginia (City or town) (State or foreign country)
14. Exact Occupation Owner of Store
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie E. Underwood
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Placerville, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) June 12-1941 (Date received) (b) Mabel H. Eccles (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Francisco } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Effie E. West, formerly Effie E. Rose, being first duly sworn, say that I am related to (Related to (or) acquainted with) Virginia Bernadine Rose (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. C. Conant (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Effie E. West formerly Effie E. Rose Signature
2999 Clay Street, San Francisco P. O. Address

Subscribed and sworn to before me on this 02 day of June, 1941

(SEAL) C. R. Holton Notary Public, residing at San Francisco

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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P.C. by 2-07-41

AFFIDAVIT IN SUPPORT OF DATE AND PLACE
OF BIRTH OF VIRGINIA BERNADINE ROSE.

STATE OF CALIFORNIA)
)ss.
City and County of San Francisco)

EFFIE E. WEST, formerly EFFIE E. ROSE, being first duly sworn, deposes and says; that she is the Mother of Virginia Bernadine Rose. That John Aaron Rose, Senior, is the father of Virginia Bernadine Rose. That affiant's maiden name was Effie Underwood and that she married John Aaron Rose, Senior, at Council, Idaho, on the 15th day of July, 1896, and continued to live with him until his death on March 29, 1912.

That Virginia Bernadine Rose was born in Weiser, Washington County, State of Idaho, on November 27, 1909 at 2 A.M. on said day. That Virginia Bernadine Rose was her second child. That said child was born in the family home and that the attending physician was Dr. C. C. Conant of Weiser, Idaho. That affiant is advised that said physician is now dead. That she had no nurse attending her at the time of the birth other than a woman who assisted her in and about the home. That affiant does not recall the name of said woman and has no information as to her whereabouts or whether or not she is now living.

That affiant has in her possession a family bible wherein is set forth in affiant's own handwriting the following data, to-wit:

The date of the birth of John Aaron Rose, Senior

The date of the birth of Effie E. Rose, affiant herein.

The date of the marriage of John Aaron Rose, Senior and affiant.

The date of the birth of John Aaron Rose, Junior.

The date of the birth of Virginia Bernadine Rose.

The date of the death of John Aaron Rose, Senior.

The date of the baptism of John Aaron Rose, Junior.

The date of the baptism of Virginia Bernadine Rose.

That the following is the entry as to the birth of Virginia Bernadine Rose.

> "Virginia Bernadine Rose, Born November 27, 1909, in Weiser, Saturday, 2 A.M."

That said entry is in the handwriting of affiant and was written in said Bible by affiant shortly after the birth of Virginia Bernadine Rose, and affiant alleges that said entry is correct as to the date and place of birth of Virginia Bernadine Rose.

Effie E. West formerly Effie E. Rose

Subscribed and sworn to before me
this 10th day of June, 1941.

C R Holton
Notary Public in and for the City
and County of San Francisco, State
of California,

I, C. R. Holton, a Notary Public in and for the City and County of San Francisco, State of California, hereby certify that I have examined the entry of the birth of Virginia Bernadine Rose, in the family Bible, exhibited to me by Effie E. West, formerly Effie E. Rose. That said entry is in the handwriting of Effie E. West, and is as follows:

> "Virginia Bernadine Rose, born November 27, 1909, in Weiser, Saturday, 2 A.M."

That the writing has the appearance of having been written therein for many years. That a number of entries have been made subsequent to the entry of the birth of Virginia Bernadine Rose, and that the Bible in which said record is entered has the appearance of being at least 40 to 50 years in age.

C R Holton
Notary Public in and for the
City and County of San
Francisco, State of California.

315 711 028 253

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

313619

State File No. 313619
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or ~~R.F.D. No.~~ Wallace Ave. between 7th & 8th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home None days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho ~~(b) County~~ Kootenai
(c) City Coeur d'Alene
(d) Street Address or ~~R.F.D. No.~~ Wallace Ave
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Coeur d'Alene Ida.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Welden Bettes LaVeine

5. Date of Birth (Month, day, year) Jan 11-1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward N LaVeine
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Estelle Bettes
17 Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace (City or town) St. Ignace (State or foreign country) Michigan
20. Exact Occupation Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) June 9-1941 (Date received) (b) Mabel Y Kelsen (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maude E LaVeine, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Welden B LaVeine (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Scallen (Name of attendant at birth), who attended said birth is deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded to my knowledge.

Maude E LaVeine Signature
Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of June, 1941

(SEAL) A G Warne Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

P.C. 6/24/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-112-001842

United States
Department of Commerce
Bureau of Census

JUN 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313624
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Donald L. McKnight
5. Date of Birth (Month, day, year) May 12, 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George W. McKnight
11. Color or Race Wh
12. Age at time of THIS birth 48 yrs.
13. Birthplace Ironton, Ohio (City or town) (State or foreign country)
14. Exact Occupation Concrete Business
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Hubbard
17. Color or Race Wh
18. Age at time of THIS birth 38 yrs.
19. Birthplace Mason City, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 20 1941 (Date received) (b) Mabel H. Fisher (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. G. W. McKnight, being first duly sworn, say that I am related to (Related to (or) acquainted with) Donald L. McKnight (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that attending physician (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs G. W. McKnight Signature
P. O. Address

Subscribed and sworn to before me on this 16th day of June 1941

(SEAL) Agnes Dunn Notary Public, residing at Boise, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

856 128 007 849

United States
Department of Commerce
Bureau of Census

JUN 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313654
Local Reg. No. 87
Reg. Dist. No. 410

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Hailey, Idaho

3. **RESIDENCE of FATHER** (city, state) Hailey, Idaho

4. **FULL NAME OF CHILD** Roscoe Marvon Hewitt

5. Date of Birth (Month, day, year) 7-28-1909

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry LaVerne Hewitt
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace Erie Co. (City or town) New York (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie May Hursh
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Hennepin Co. (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Minnie May Hewitt (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 6-13-1941 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature Minnie May Hewitt M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie May Hewitt, being first duly sworn, say that I am related to (Related to (or) acquainted with) Roscoe Marvon Hewitt (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. J. Plumer (Name of attendant at birth), who attended said birth is now deceased, (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie May Hewitt Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of June, 19 41.

(SEAL) J. M. Sidwick Notary Public, residing at Hailey, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

JUN 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313659
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Lew. Idaho

4. FULL NAME OF CHILD Mary Eloise Williams
5. Date of Birth (Month, day, year) Sept 23-1909
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Phillip Henry Williams
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Hastings (City or town) Minnesota (State or foreign country)
14. Exact Occupation Jones + Dillingham
15. Industry or Business Paint Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Amelia Hull
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Fredericville (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 19 1941 (Date received) (b) Maud Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, P. H. Williams, being first duly sworn, say that I am Father (Related to (or) acquainted with) Mary Eloise Williams (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Perkins (Name of attendant at birth), who attended said birth was deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

P. H. Williams Signature
Lewiston Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of June, 1941

(SEAL) J. A. Ortega Notary Public, residing at Lewiston, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314883
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Van Wyck
(c) Street Address or R.F.D.No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 0 days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Van Wyck
(d) Street Address or R.F.D.No. none
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Van Wyck, Idaho

3. RESIDENCE of FATHER (city, state) Van Wyck, Ill.

4. FULL NAME OF CHILD Mary Florence Auxier

5. Date of Birth (Month, day year) May, 9, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME James Wesley Auxier	16. FULL MAIDEN NAME Mary Elizabeth Piercy
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 37 yrs.	18. Age at time of THIS birth 34 yrs
13. Birthplace Mason City (City or town) Ill. (State or foreign country)	19. Birthplace Leon (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business Farming	21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:05 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Auxier (First name) (Last name), who is related to this child as mother (Mother, etc.).

26. (a) July 1-1941 (Date received) (b) Mabel G. Geeter (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Auxier, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mary Florence Auxier (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Polina Auxier (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Mary Auxier Signature
Boise, Idaho R.R. Ave C. P. O. Address

Subscribed and sworn to before me on this 1st day of July 1941

(SEAL) F. H. Aggers Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

JUN 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314907
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 56 yrs.
(f) Mother's mailing address Montpelier, Idaho

3. **RESIDENCE of FATHER** (city, state) Montpelier, Ida

4. **FULL NAME OF CHILD** Allen Berrey Mourtsen

5. Date of Birth (Month, day, year) August 10, 1910

6. Sex male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter Christian Mourtsen
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Whitrup (City or town) Denmark (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Elizabeth Berrey
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Dingle (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 A.M. on the date and at the place stated above, and that personal particulars were furnished by Martha Elizabeth Mourtsen (First name) (Last name), who is related to this child as mother (Mother, etc.)

JUN 25 1941

26. (a) ..... (Date received) (b) Mabel K. Eccher (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Don Poynter M.D. (D.O., Midwife, etc.) and address San Diego Cal Date 6-24-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6-27-41

OCT 15 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893106-036-553

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Minkcruk
(c) Street Address or R.F.D. No. P.O.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 24 years 9 month 6 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Minkcruk (P.O.)
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5-6 yrs.
(f) Mother's mailing address Weiser, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Darwin Nelson Hite

5. Date of Birth (Month, day year) Feb. 6-1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Stark Hite
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Peola Mills, Virginia (City or town) (State or foreign country)
14. Exact Occupation Teaching School
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Sophia Nelson
17. Color or Race White
18. Age at time of THIS birth 24 yrs
19. Birthplace Logan, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 24 1941 (Date received) (b) Maurel H. Geiser (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James S. Hite, being first duly sworn, say that I am related to (Related to (or) acquainted with) Darwin Nelson Hite (Name of person on certificate above) as his Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Emery (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James S. Hite
Signature

Weiser, Idaho
P. O. Address

Subscribed and sworn to before me on this 23 day of June, 1941

(SEAL) Roberta Raubach Notary Public, residing at Weiser, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6-27-41

FEB 24 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

493-214-001464

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. So 12th Street
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. So 12th Street
(e) How long has **MOTHER** lived in Idaho? — yrs.
(f) Mother's mailing address (For registration notice):
R.F.D. 6.
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise

4. **FULL NAME OF CHILD** Ruth Adelaide Mitchell
5. Date of Birth (Month, day, year) Nov. 14-09
6. Sex F
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy full term
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Geo. W. Mitchell
11. Color or Race W
12. Age at time of THIS birth 44 yrs.
13. Birthplace Centerville (City or Town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara A. Douglass
17. Color or Race W
18. Age at time of THIS birth 37 yrs.
19. Birthplace Lansingburgh (City or Town) N.Y. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 12.05 P.M. on the date and at the place stated above, and that personal particulars were furnished by Clara Mitchell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 10 - 1941 (Date received) (b) Marvel T. Geiger (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's **OWN signature** [illegible] M.D. (D.O., Midwife, etc.)
and address Boise Ida Date July 7th 41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

OCT 10 1941

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

465 127 042 465

314969

United States
Department of Commerce
Bureau of Census

JUN 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Jerome
(c) Street Address or R.F.D. No. Rural Route 1
(d) Name of Hospital or Maternity Home: Amy Home in Jerome
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Jerome
(d) Street Address or R.F.D. No. Rural Route
(e) How long has MOTHER lived in Idaho? 32 yrs.
(f) Mother's mailing address 1210-11th Ave East Twin Falls, Idaho

3. RESIDENCE of FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD William Gail Montgomery
5. Date of Birth (Month, day, year) Sept 27-1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Edward Montgomery
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer at time of birth
15. Industry or Business Now deceased

MOTHER OF CHILD

16. FULL MAIDEN NAME Marion Nettie Berg Marion Nettie Montgomery
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead One (d) Stillborn Born after the child

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 26 1941 (Date received) (b) Maud M. Eccles (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marion Nettie Montgomery being first duly sworn, say that I am Related To (Related to (or) acquainted with) William Gail Montgomery (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Jackson (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Marion Nettie Montgomery Signature
1210-11th Ave East Twin Falls, Ida P. O. Address

Subscribed and sworn to before me on this 18 day of June 1941

(SEAL) J. C. White Notary Public, residing at Twin Falls, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4 3 of 41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264 121 029866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 27 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315006
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Palouse
(c) Street Address or R F D No R.F.D. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 24 years....months....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No. R.F.D. 3
(e) How long has **MOTHER** lived in Idaho? Life yrs.
(f) Mother's mailing address Palouse, Wash. R #3

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Donovan Howell Southworth

5. Date of Birth (Month, day, year) Nov. 21, 1909

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Allen Emery Southworth
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Fergus Falls, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Anna Howell
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace Palouse (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) JUN 27 1941 (Date received) (b) Mabel H. Geeler (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Bertha Southworth Northrup, being first duly sworn, say that I am related (Related to (or) acquainted with) Donovan Howell Southworth (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dice Thomson (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bertha Southworth Northrup Name
P. O. Address

Subscribed and sworn to before me on this 25 day of June 1941

(SEAL) Martha Sunday Notary Public, residing at Moscow Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2 County + City

368-212032-349

United States
Department of Commerce
Bureau of the Census

JUN 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315014
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Minidoka (b) City Rupert,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: at home,
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? all her life 63 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Leola Yvonne Toyer,
5. Date of Birth (Month, day, year) Mar. 12-1909.
6. Sex Female
7. Twin or Triplet One If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD
10. FULL NAME Carris LeRoy Toyer,
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Rupert Ogden Utah (City or town) (State or foreign country)
14. Exact Occupation Furniture
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Louise Helen Turner Toyer.
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Boise Idaho, (City or town) (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 5 P M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as Mother (Mother, etc.) (First name) (Last name)

26. (a) JUN 27 1941 (Date received) (b) Maud M Geldner (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Julia Comeford M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of MINIDOKA } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louise Helen Toyer, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) Leola Yvonne Toyer (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Julia Comeford (Name of attendant at birth), who attended said birth signed above (Is now deceased (or) cannot be located) and that this birth has not been previously recorded,

Louise Helen Toyer, Signature
P. O. Address

Subscribed and sworn to before me on this 26th day of June, 19 41
(SEAL) A. T. Freeman Notary Public, residing at Rupert Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-215028-296

315034

United States
Department of Commerce
Bureau of the Census

JUN 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: Kootenai
(a) County ~~Benewah~~ (b) City Santa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years 2 month 13 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County ~~Benewah~~
(c) City Santa Kootenai
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 mo. 13 days
(f) Mother's mailing address Santa, Idaho
3. RESIDENCE of FATHER (city, state): Santa Id.

4. FULL NAME OF CHILD Flora Bell Vanderpool
5. Date of Birth (Month, day, year) June 15-1909
6. Sex Girl
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alfred Myron Vanderpool
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Ohee (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Care Taker Logging Camp
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Christianna Browning
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Ohee (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Homemaker.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 28 1941 (Date received) (b) Mary E. Leeper (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary C. Stanton, being first duly sworn, say that I am ~~the Mother~~ Related to (Related to (or) acquainted with) Flora Bell Vanderpool (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Larson (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary C. Stanton Signature

P. O. Address

Subscribed and sworn to before me on this 7 day of May 1941

(SEAL) Harold L. Keller Notary Public, residing at Fernwood Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-216 009-493

United States
Department of Commerce
Bureau of Census

JUN 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315046
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bonner (b) City Harlem
(c) Street Address or R.F.D. No. ---------
(d) Name of Hospital or Maternity Home: ------
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ---- days.
IN **THIS** county 2 years --- month ---- days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Harlem
(d) Street Address or R.F.D. No. ---------
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Harlem, Idaho

3. **RESIDENCE of FATHER** (city, state Harlem,

4. **FULL NAME OF CHILD** Luella Dorthy Patnode

5. Date of Birth (Month, day, year) April 16, 1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd ------

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Patnode
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Fall River, Massachusetts (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Miller
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Fall River, Massachusetts (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None that know of

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 8 (c) Born alive and now dead 4 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 P. M. M. on the date and at the place stated above, and that personal particulars were furnished by Josephine Patnode (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [illegible] Patnode M.D. (D.O., Midwife, etc.)
and address Laclede, Idaho Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-8-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 119-016696

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

3/58 61

State File No. 315061
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D.No. Ada
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley.
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 38 yrs.
(f) Mother's mailing address Emmett Ida

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Albert Stephen Marrs

5. Date of Birth (Month, day year) Jan 19 - 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Bert Oren Marrs
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Dillon (City or town) Montana (State or foreign country)
14. Exact Occupation mechnic
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Stella Minerva Frost
17. Color or Race White
18. Age at time of THIS birth 18 yrs
19. Birthplace Coyoto (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars w nished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 14-1941 (Date received) (b) Maval T Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. endant's N signature ..... M.D. (D.O., Midwife, etc.)
nd address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Stella Minerva Marrs, being first duly sworn, say that I am the mother (Related to (or) acquainted with) Albert Stephen Marrs (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Oldham (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Stella Minerva Marrs Signature
Box 943, Emmett, Idaho P. O. Address

Subscribed and sworn to before me on this 11 day of July 1941

(SEAL) H P Bunning Notary Public, residing at Emmett, Idaho

My Commission expires Nov. 20, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-14-4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

563 103 001 955

3/5073

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315073
Local Reg. No.
Reg. Dist. No.

JUL 14 1941

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 5th & Vermont
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Boise Ida

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD James Walton Noland

5. Date of Birth (Month, day, year) 7-3-1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes.

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME James Wesley Noland	16. FULL MAIDEN NAME Grace Reel
11. Color or Race White	17 Color or Race White
12. Age at time of THIS birth 38 yrs.	18. Age at time of THIS birth 34 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)	19. Birthplace Thornton Iowa (City or town) (State or foreign country)
14. Exact Occupation Mill worker	20. Exact Occupation housewife
15. Industry or Business sawmill	21. Industry or Business

22. Name prophylactic ~~used to prevent Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at Boise M. on the date and at the place stated above and that personal particulars were furnished by Grace Noland (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 14 1941 (Date received) (b) July 14-1941 (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace Reel Noland, being first duly sworn, say that I am Related (Related to (or) acquainted with) James Walton Noland (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Borders (Name of attendant at birth), who attended said birth Discarded (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Grace Reel Noland Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me on this 14 day of July, 1941

(SEAL) Notary Public, residing at Emmett, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-16-41

OCT 1 1969

SEP 24 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-114- RECORDED
040-693

United States
Department of Commerce
Bureau of Census

JUN 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315122
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 1 years 3 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Burke, Idaho

4. FULL NAME OF CHILD Harry Kendall Langill

5. Date of Birth (Month, day year) May 14, 1909

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harry Gordon Langill
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Londonderry, Nova Scotia (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Gertrude Wilson
17. Color or Race White
18. Age at time of THIS birth 29 yrs
19. Birthplace Livingston Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 30 1941 (Date received) (b) Marvel Keeler (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Iowa
County of Wayne } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eva Gertrude Langill, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harry Kendall Langill (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kearns (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eva Gertrude Langill — Signature
Seymour, Iowa — P. O. Address

Subscribed and sworn to before me on this 23 day of June, 1941
(SEAL) Lela E. Owen — Notary Public, residing at Seymour Iowa

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

663-113-001-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315126
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Robin
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Robin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Robin, Idaho.

3. **RESIDENCE OF FATHER** (city, state) Robin, Ida.

4. **FULL NAME OF CHILD** Gilbert Pritchard Wolverton

5. Date of Birth (Month, day, year) Oct. 13, 1909

6. Sex. male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Thomas Elr Wolverton
11. Color or Race white
12. Age at time of THIS birth 50 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Marley
17. Color or Race White
18. Age at time of THIS birth 35 years
19. Birthplace Robin, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) ~~Born alive and now living~~ 2
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) June 27-1941 (Date received) (b) Maval Y. Leclue (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Thomas Elr Wolverton, being first duly sworn, say that I am related (Related to (or) acquainted with) Gilbert Pritchard Wolverton (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr---Cooper (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Thomas Elr Wolverton ....Name
McCammon, Idaho ....P. O. Address

Subscribed and sworn to before me on this 27th day of June, 1941

(SEAL) J. M. Roberts ....Notary Public, residing at Boise, Idaho
Justice of the Peace

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/30/41

7-2-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613.128.01L391

315148

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 402 - 10 Ave. S
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 8 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 402 - 10 Ave. S
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ira Crawford Waltman
5. Date of Birth (Month, day, year) Mar 28 1909
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chester E Waltman
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Arkansas
(City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Addie Crawford
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Kansas
(City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. Ag. Nit.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Addie Waltman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) July 8-1941 (Date received) (b) Mabel Heller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's OWN signature J H Murray M.D. (D.O., Midwife, etc.)
and address Nampa Idaho Date July 6 1941

7-8-41

FEB 1 1957

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of none

(b) Labor: Complications: none

Induced? no

(c) Was there an operation for delivery? no

State all operations:

(d) Did baby have any:

(1) Congenital Malformation? no

Describe:

(2) Birth Injury? no

Describe:

(3) Was mother given a Wasserman before delivery? no

(4) Signature of Physician:

J H Murray M.D.

613-125-028-719

315154

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D.No. Post office Box.
(d) Name of Hospital or Maternity Home: At mothers Home.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ? days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Post Falls
(d) Street Address or R.F.D.No. P.O. Box
(e) How long has MOTHER lived in Idaho? abt 2 yrs.
(f) Mother's mailing address 2611 N.E. 63. abt Portland Ore.

3. RESIDENCE of FATHER (city, state) Dead

4. FULL NAME OF CHILD Harold Elias Watts

5. Date of Birth (Month, day year) Sept. 25 1909

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd Neither 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Orville Wellington Watts
11. Color or Race White 12. Age at time of THIS birth ? yrs.
13. Birthplace New York State (City or town) (State or foreign country)
14. Exact Occupation Builder
15. Industry or Business House Construction

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie May Gardner
17. Color or Race White 18. Age at time of THIS birth 41 yrs
19. Birthplace Rio Wisconsin (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at Night M. on the date and at the place stated above, and that personal particulars were furnished by Nellie (First name) Watts (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL 7 1941 (Date received) (b) Maurd Helfer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie May Watts, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harold Elias Watts (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained herein are true to the best of my knowledge. I further state that Doctor was not present (Name of attendant at birth) who attended said birth. Whereabouts unknown (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nellie May Watts Signature
Rt 2, Bx 359 Winlock, Washington P. O. Address

Subscribed and sworn to before me on this 5th day of July, 1941

(SEAL) A B Eadman Notary Public, residing at Winlock

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

795-109-014-366

RECEIVED

JUN 30 1941

315164

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Parma
(c) ~~Street Address or~~ R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) ~~Street Address~~ or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Parma, Idaho

3. RESIDENCE of FATHER (city, state) Parma, Idaho

4. FULL NAME OF CHILD Herman Greenstreet

5. Date of Birth (Month, day year) 9/9/09

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Medford Greenstreet
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Shell Knob, Missouri (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Cooper
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace Prescott Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9 (c) Born alive and now dead 4 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 P M. on the date and at the place stated above, and that personal particulars were furnished by Carrie Greenstreet (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUN 30 1941 (Date received) (b) Marvel W. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Kansas
County of Labette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carrie Greenstreet, being first duly sworn, say that I am related to (Related to (or) ~~acquainted with~~) Herman Greenstreet (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Allen (Name of attendant at birth), who attended said birth cannot be located (~~Is now deceased (or)~~ cannot be located) and that this birth **has not been previously recorded.**

Carrie Greenstreet Signature
Welch Addn #2 P. O. Address

Subscribed and sworn to before me on this 26 day of June, 1941

(SEAL) Minnie M. Taylor Notary Public, residing at Edna, Kansas

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

547-117-606-294

315184

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) Street Address or R.F.D.No. 3
(d) Name of Hospital or Maternity Home: AT OWN HOME
(e) Mother's stay BEFORE delivery In Hosp. or Mat. Home — days IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City IDAHO FALLS
(d) Street Address or R.F.D.No. 3
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address IDAHO FALLS

3. RESIDENCE of FATHER (city, state) IDAHO FALLS IDAHO

4. FULL NAME OF CHILD GARNETT-ELIAS-EMPEY

5. Date of Birth (Month, day year) 3-17-1908

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME MARTIN-LESTER-EMPEY
11. Color or Race WHITE
12. Age at time of THIS birth 22 yrs.
13. Birthplace Lehi (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME HALLIE SIMMONS
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace MAYSVILLS (City or town) GEORGIA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) July 7-1941 (Date received) (b) Marvel Y Keefer (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martin Lester Empey being first duly sworn, say that I am Father (Related to (or) acquainted with) Relatiel to (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that T. C. Wilson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Martin Lester Empey Signature
Lizzie Cal P. O. Address

Subscribed and sworn to before me on this 28th day of June 1941

(SEAL) Otto F. Schwind Notary Public, residing at Canoga Park Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

815-111-022-614

315187

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Farnum
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Farnum
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Farnum Ida.

3. RESIDENCE of FATHER (city, state) Farnum Ida.

4. FULL NAME OF CHILD Christian J. Hanson

5. Date of Birth (Month, day year) June 11, 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nels Christian Hanson
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Copenhagen Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Fidelia Wade.
17. Color or Race White 18. Age at time of THIS birth 28 yrs
19. Birthplace Pleasant View, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 12 Noon M. on the date and at the place stated above, and that personal particulars were furnished by Alice Hansen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) June 9-1941 (Date received) (b) Marvel H. Geeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** J. L. Hansen M.D. (D.O., Midwife, etc.)
and address Ashton Ida. Date 6-09-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate
(Name of person on certificate above)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only **BLACK** Ink or **BLACK** Record typewriter ribbon in completing this certificate. Mail **COMPLETED** certificate in envelope bearing **FIRST-CLASS** postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

235-208-014-355

United States
Department of Commerce
Bureau of the Census

JUN 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315195
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Payette (b) City Payette Canyon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born in mothers own home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. In THIS county years 5 month 28 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette Canyon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 Mo. 28 Days.
(f) Mother's mailing address Payette, Idaho
3. RESIDENCE of FATHER (city, state): Payette, Idaho

4. FULL NAME OF CHILD Margaret Steinbrech
5. Date of Birth (Month, day, year) August 8, 1909.
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John M. Steinbrech
11. Color or Race White
12. Age at time of THIS birth 58 yrs.
13. Birthplace Iowa City, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Owns his own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret E. Lenning
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Stillwell, Kansas (City or town) (State or foreign country)
20. Exact Occupation Domestic (house wife)
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Margaret L. Steinbrech (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) JUN 30 1941 (Date received) (b) Marvel M. Geiger (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Wyoming
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George William Steinbrech, being first duly sworn, say that I am related to (Related to (or) acquainted with) Margaret Steinbrech (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Elsie Pearson (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George William Steinbrech Signature
Lander, Wyoming P. O. Address

Subscribed and sworn to before me on this 28 day of June, 1943

(SEAL) [illegible] Notary Public, residing at Lander, Wyo.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-127-028-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315284
Local Reg. No. 258
Reg. Dist. No. 120

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Float House-2nd Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ....days.
In THIS county years 18 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 2nd St. -Float house
(e) How long has MOTHER lived in Idaho? 18 mo. yrs.
(f) Mother's mailing address Coeur d'Alene, Idaho
3. RESIDENCE of FATHER (city, state): CDA, Ida.

4. FULL NAME OF CHILD Arden Bert Searls
5. Date of Birth (Month, day, year) August 27, 1909
6. Sex Male
7. Twin or Triplet ---
If so—born 1st, 2nd, 3rd ---
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carl Searls
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Decatur, Michigan (City or town) (State or foreign country)
14. Exact Occupation Steamboat Engineer
15. Industry or Business Logging and Transportation

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Jaunita Rose Bower
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Rushville, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) July 8, 1941 (Date received) (b) P. K. Newcomb M.D. (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's OWN signature ....M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carl Searls, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alden Bert Searles (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Max Dorland (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carl Searls ....Signature
Box 452, Coeur d'Alene, Idaho ....P. O. Address

Subscribed and sworn to before me on this 8th day of July, 1941

(SEAL) Jas. A. Foster ....Notary Public, residing at ....
Clerk of the District Court
Ex-Officio Auditor and Recorder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-14-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-22-2443-873

315292

United States
Department of Commerce
Bureau of Census

RECEIVED JUL 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: XXXX
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Twin Falls, Idaho

3. RESIDENCE of FATHER (city, state) Twin Falls Idaho

4. FULL NAME OF CHILD Helen Caroline McPherson

5. Date of Birth (Month, day, year) Oct. 22, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8½

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Albert Mortimer McPherson	16. FULL MAIDEN NAME Nettie Hitt
11. Color or Race White	17 Color or Race White
12. Age at time of THIS birth 25 yrs.	18. Age at time of THIS birth 22 yrs.
13. Birthplace Rockford, Illinois (City or town) (State or foreign country)	19. Birthplace Mann's Creek, Idaho (City or town) (State or foreign country)
14. Exact Occupation Civil Engineer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead XXX (d) Stillborn XXXX

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 8 1941 (Date received) (b) Mary T. Keefer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Texas
County of Wichita } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Nettie McPherson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Caroline McPherson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Jno. Coburn (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Nettie Hitt McPherson Signature
1100 Monroe St., Wichita Falls, Texas P. O. Address

Subscribed and sworn to before me on this 7 day of July 1941

(SEAL) Clare Dodson Smith Notary Public, residing at Wichita Falls Texas
CLARE DODSON SMITH

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-14-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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212-125-003962

United States
Department of Commerce
Bureau of Census

RECEIVED JUL 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315295
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home None days. IN **THIS** county 6 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.
(f) Mother's mailing address Oxford, Idaho

3. **RESIDENCE of FATHER** (city, state) Oxford, Idaho

4. **FULL NAME OF CHILD** Jay Ellwood Baker

5. Date of Birth (Month, day, year) Aug. 25-1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John William Baker
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Akron (City or town) Wyoming (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Emily Robinson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Fayette (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

RECEIVED

26. (a) JUL 9 1941 (Date received) (b) Maurel T. Keller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John William Baker, being first duly sworn, say that I am Related (Related to (or) acquainted with) Jay Ellwood Baker (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Allen R Cutler Sr. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John William Baker Signature
Oxford Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of July 1941

(SEAL) Susan Koford Notary Public, residing at Clifton Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-14-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

359-126-016-133

315298

United States
Department of Commerce
Bureau of Census

JUL 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Parma, Idaho

3. **RESIDENCE of FATHER** (city, state) Parma, Idaho

4. **FULL NAME OF CHILD** Mentor G. Leigh

5. Date of Birth (Month, day year) March 26, 1909

6. Sex male

7. Twin or Triplet none If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Nathan E. Leigh
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace "unknown" (City or town) Minn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary E. Allen
17. Color or Race white
18. Age at time of THIS birth 25 yrs
19. Birthplace Fort Ridgley (City or town) Minn. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive or stillborn) at 4:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary E. Jones (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) July 10-1941 (Date received) (b) Mabel F. Keefer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary E. Jones, being first duly sworn, say that I am Related (Related to (or) acquainted with) Mentor G. Leigh (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Allen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary E Jones
Signature
P. O. Address

Subscribed and sworn to before me on this 9th day of July 1941

(SEAL) Nonsed L. Lackland Notary Public, residing at Parma, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-14-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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465-129.002253

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315321
Local Reg. No. 93
Reg. Dist. No. 410

1. **PLACE OF BIRTH**
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address Bellevue, Idaho

3. **RESIDENCE of FATHER** (city, ~~state~~) Bellevue, Ida

4. **FULL NAME OF CHILD** Emmitt Oliver Donnelly

5. Date of Birth (Month, day, year) 7-29-1909

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Patrick Daniel Donnelly
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace St. Louis (City or town) Missouri (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Bellinger
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Canyon City, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AGNOS
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Hattie Donnelly (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 7-7-1941 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Bliane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hattie Donnelly, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Emmitt Oliver Donnelly (Name of person on certificate above) as Mother. (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 130, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR ALLEN (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) ~~cannot be located~~) and that this birth **has not been previously recorded.**

Mrs. Hattie Donnelly Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of July 1941

(SEAL) Notary Public, residing at Hailey Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-1212-962

United States
Department of Commerce
Bureau of Census

JUL 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315330
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Murtaugh
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Murtaugh
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 mos. yrs.
(f) Mother's mailing address Murtaugh, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD William John Roberts

5. Date of Birth (Month, day, year) June 1 1909

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alonzo Caleb Roberts
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Kingman County, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Huldah Eloda Rose
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Booth, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

JUL 11 1941

26. (a) ____ (Date received) (b) ____ (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Huldah Eloda Roberts, being first duly sworn, say that I am related to (Related to (or) acquainted with) William John Roberts (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Huldah Eloda Roberts Signature
1140 - 4th Ave. East, Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of July, 1941

(SEAL) Alice C. Taylor Notary Public, residing at Twin Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-115 CK-575
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United States
Department of Commerce
Bureau of Census

JUL 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315331
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D.No. 124-7th Av. No.
(d) Name of Hospital or Maternity Home: -
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years 3 months 26 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D.No. 124-7th Av. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.
(f) Mother's mailing address 124-7th Av. No.

3. RESIDENCE of FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Eugene Quinton Lewis

5. Date of Birth (Month, day year) Aug. 15, 1909

6. Sex male

7. Twin or Trip'let -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Karl Lewis
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Van Port, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Brewery engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pamelia Ann Van Winkle
17. Color or Race white
18. Age at time of THIS birth 42 yrs
19. Birthplace Idaho City, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. Ag. Nit.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead - (d) Stillborn -

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by Pamelia Ann Lewis (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) July 12, 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** J H Murray M.D. (D.O., Midwife, etc.)
and address Nampa Ida Date July 11, 1941

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has **not** been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

253-128-034-299

315355

United States
Department of Commerce
Bureau of Census

JUL 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City
(c) Street Address or R.F.D.No. 3
(d) Name of Hospital or Maternity Home: a residence
Residence in Latah Co Idaho
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City (Farmington Wash.)
(d) Street Address or R.F.D.No. 3
(e) How long has MOTHER lived in Idaho? 1899 yrs. 1899
(f) Mother's mailing address Farmington Wash.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD VINNIE JOHN BELL

5. Date of Birth (Month, day year) MAY 28, 1909

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert John Bell.

11. Color or Race White

12. Age at time of THIS birth 48 yrs.

13. Birthplace County of Perth (City or town) Ontario Canada (State or foreign country)

14. Exact Occupation Farming.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Jane Bell Prink

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Bunkerhill Russel Co Kansas

20. Exact Occupation

21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

JUL 2 1941

26. (a) ..... (Date received) (b) Mabel F. Geiger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie Jane Bell, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Vinnie John Bell (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that John Doe (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Minnie Jane Bell Signature

Farmington Wash. P. O. Address

Subscribed and sworn to before me on this 10 day of July 1941

(SEAL) E Johnson Notary Public, residing at Garfield

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

437-222-028-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315357
Local Reg. No. 250
Reg. Dist. No. 120

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D No. 917 Young Ave.
(d) Name of Hospital or Maternity Home: born at above address
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 3 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 917 Young Ave.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address 917 Young Ave.
3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Idaho

4. **FULL NAME OF CHILD** Mary Alice McGovern
5. Date of Birth (Month, day, year) July 22, 1909
6. Sex female
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Matthew Mark McGovern
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Sawmill worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Anderson
17. Color or Race White
18. Age at time of THIS birth 35 years
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 3:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Mary McGovern (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) July 9, 1941 (Date received) (b) H. L. Newcombe, M.D. (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Mary McGovern, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mary Alice McGovern (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I was unattended at ~~who attended~~ (Name of attendant at birth) said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Mary McGovern Name
917 Young Ave., Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of July, 1941
(SEAL) Clerk of District Court ex-officio Notary Public residing at Kootenai County, Idaho. By Ella M. Zeil Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-114-035-533

315375

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUL 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nezperce (b) City Leland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home none days.
IN **THIS** county 2 years month 15 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Leland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs. 1 mo.
(f) Mother's mailing address Leland, Idaho

3. RESIDENCE of FATHER (city, state) Leland, Idaho

4. FULL NAME OF CHILD Charles Leonard Davis

5. Date of Birth (Month, day year) April 14-1909

6. Sex Boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leonard Lincoln Davis
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Lincoln, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alda Bertha Elliott
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Marysville Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUL 14 1941 (Date received) (b) Mary H. Geiser (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Harney } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alda Bertha Davis, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Leonard Davis (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hoyt (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alda Bertha Davis Signature
Burns, Oregon P. O. Address

Subscribed and sworn to before me on this 12th day of July 1941

(SEAL) W. M. Lawrence Notary Public, residing at County Clerk, Harney County, Oreg.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

554-100-028-617

315385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JUL 14 1941

1. PLACE OF BIRTH: (a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days.
In THIS county 14 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Fall
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 47 yrs.
(f) Mother's mailing address Post Falls Idaho

3. RESIDENCE of FATHER (city, state): Post Falls Ida

4. FULL NAME OF CHILD Philip Fred Enders

5. Date of Birth (Month, day, year) Jan 6 1909

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry William Enders
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Stella May Waggoner
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Adair Co Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 14 1941 (Date received) (b) Mary H Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Stella May Waggoner Enders, being first duly sworn, say that I am related (Related to (or) acquainted with) Philip Fred Enders (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Law (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Stella May Waggoner Enders Signature
Post Falls Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of July 1941

(SEAL) W T Chapin Notary Public, residing at Post Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-130-028-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUL 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315391
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County ~~Benewah~~ Kootenai (b) City Sanders
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County ~~Benewah~~ Kootenai
(c) City Sanders
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Sanders, Idaho

3. RESIDENCE of FATHER (city, state): Sanders, Ida

4. FULL NAME OF CHILD Roy Edward Brown

5. Date of Birth (Month, day, year) Sept. 30, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Brown
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Tennesee (City or town) (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Harrison
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Oklahoma--Ind. Territory (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number ~~of children of this mother~~: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUL 14 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Harrison Brown, being first duly sworn, say that I am related to (Related to (or) acquainted with) Roy Edward Brown (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Miller (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth Harrison Brown Signature
Elk River, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of July 1941

(SEAL) L. O. Foster Notary Public, residing at Elk River

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

MAY 4 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 124 014 859

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315436
Local Reg. No. 315436
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D.No. RFD #2
(e) How long has **MOTHER** lived in Idaho? 51 yrs.
(f) Mother's mailing address Parma, Idaho R #2

3. RESIDENCE of FATHER (city, state) Parma, Idaho

4. FULL NAME OF CHILD Charles Theodore Hartman

5. Date of Birth (Month, day year) Aug. 24, 1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William James Hartman
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Sheboygan (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elise Hermo
17. Color or Race White
18. Age at time of THIS birth 36 yrs
19. Birthplace Hammerfort, Norway (City or town) (State or foreign country)
20. Exact Occupation Nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living ..... (c) Born alive and now dead 4 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 A.M. on the date and at the place stated above, and that personal particulars were furnished by Anna Koskila (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) July 16-1941 (Date received) (b) Mabel H. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Marie R. Hinkey, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Theodore Hartman (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Chen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Marie R. Hinkey Signature
R#2, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of July 1941

(SEAL) Mabel B. Vaonck Notary Public, residing at Boise, Idaho
Comm. exp 1-22-45

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

689 719 033 993

United States
Department of Commerce
Bureau of Census

JUL 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

3154 315441

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Madison (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Albert Sidney Whitehead

5. Date of Birth (Month, day, year) March 19, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sidney Whitehead
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace England, (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Ritchie
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Sidney Whitehead (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 17 1941 (Date received) (b) Mary T. Kelsey (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sidney Whitehead, being first duly sworn, say that I am related (Related to (or) acquainted with) Albert Sidney Whitehead (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Pratt (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sidney Whitehead Signature

Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of July, 1941

(SEAL) Delbert H. Graberg Notary Public, residing at Idaho Falls
My Commission expires 9/1/45 Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/18/41
7/27/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286 127014 168

JUL 14 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315482
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D.No. 6th Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years 0 month 0 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D.No. 6th Street
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Payette

3. RESIDENCE of FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD Lloyd Shoesmith

5. Date of Birth (Month, day year) Sept 27, 1909

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Rollin Albert Shoesmith
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Leslie (City or town) Michigan (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Furniture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Johnson
17. Color or Race White
18. Age at time of THIS birth 38 yrs
19. Birthplace Seymour (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 14 1941 (Date received) (b) Malvel F Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Oregon
County of Marion } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida May Shoesmith, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Lloyd Shoesmith (Name of person on certificate above) as Mother of (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr W. Hamilton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ida May Shoesmith Signature
1480 Bellevue St Salem Oreg P. O. Address

Subscribed and sworn to before me on this 8th day of July, 1941

(SEAL) Ollie Fardley Notary Public, residing at Salem, Oregon
My Commission Expires 2/26/45

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/18/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

748-115-004 249

315491

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address 1815½ 1st St. So. Nampa Ida

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Royal Chatterton Guyon

5. Date of Birth (Month, day year) June, 15, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edwin Fernando Guyon
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace New Orleans, Louisana (City or town) (State or foreign country)
14. Exact Occupation Physician
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Myrtle Burke
17. Color or Race White
18. Age at time of THIS birth 35 yrs
19. Birthplace Independence, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. E. F. Guyon (First name) (Last name), who is related to this child as Mother (Mother, etc.).

26. (a) July 15 - 1941 (Date received) (b) Mabel Y. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [illegible] M.D. (D.O., Midwife, etc.)
and address 2242 Kale Ave Ogden Utah

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/18/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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#315497

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 21 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315497
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Stone Idaho
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Born in our own Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Stone
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Stone Ida

3. RESIDENCE of FATHER (d) Stone Ida

4. FULL NAME OF CHILD Wendell Hurd

5. Date of Birth (Month, day year) 11/2, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lorenzo Mahonri Hurd
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellenor Cornelia Kelley
17. Color or Race White
18. Age at time of THIS birth 19 yrs
19. Birthplace Monroe (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 21 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature attendant died several years ago. M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Box Elder } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lorenzo Mahonri Hurd, being first duly sworn, say that I am The Father (Related to (or) acquainted with) Wendell Hurd (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws and that the facts contained therein are true to the best of my knowledge. I further state that Jesse Bradshaw (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lorenzo Mahonri Hurd Signature
Snowville Utah P. O. Address

Subscribed and sworn to before me on this 19 day of July, 1941

(SEAL) Wm Hurd Notary Public, residing at Snowville Utah
my commission expires Mar 5, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/27/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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315518

United States Department of Commerce
Bureau of Census

JUL 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D.No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 7 years 2 month 4 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Payette
(d) Street Address or R.F.D.No. 1
(e) How long has **MOTHER** lived in Idaho? ~~29~~ 7 yrs.
(f) Mother's mailing address Payette Ida

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Henry Carlisle Lowery

5. Date of Birth (Month, day year) Aug. 15 1909

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Rufus Lowery
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Kingston, Tenn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lora Cortner
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Birch Lake, Minn. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 P. M. on the date and at the place stated above and that personal particulars were furnished by Lora C. Lowery (First name) (Last name), who is related to this child as mother (Mother, etc.).

26. (a) JUL 29 1941 (Date received) (b) Mabel H. Feller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lora C. Lowery, being first duly sworn, say that I am related to (Related to (or) acquainted with) Henry Carlisle Lowery (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. C. E. Vible (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lora C. Lowery ..... Signature
R. 2 - Box ..... Idaho ..... P. O. Address

Subscribed and sworn to before me on this 26th day of July 1941

(SEAL) H. A. Hansen ..... Notary Public, residing at Meridian, Idaho
My commission expires March 7, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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#315523

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315523
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Buhl, Idaho

3. RESIDENCE of FATHER (city, town) Buhl, Idaho

4. FULL NAME OF CHILD Charles William Clute

5. Date of Birth (Month, day year) Nov. 9, 1909

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mon.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frederick Levant Clute
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Plato Center, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Goldie Jane Fancher (Clute)
17. Color or Race white
18. Age at time of THIS birth 18 yrs
19. Birthplace Tuckaleechee Cove, Tenn. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 24 1941 (Date received) (b) Mabel Y. Euler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Goldie Jane Fancher Clute, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles William Clute (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Charles Wetherbee (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Goldie Jane Fancher Clute
Signature

Rogerson, Idaho.
P. O. Address

Subscribed and sworn to before me on this 23rd day of July 1941

(SEAL)

Edward Thorston
Notary Public, residing at Twin Falls Idaho
Com Expires 2-21-1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

JUL 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Frank Orville Clark

5. Date of Birth (Month, day year) Nov 21 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Frank Orville Clark
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Hooversville Pa. (City or town) (State or foreign country)
14. Exact Occupation Sawyer, lumber mill
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zulu Catherine Brockway
17. Color or Race White
18. Age at time of THIS birth 19 yrs
19. Birthplace Forestville Pa. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

JUL 28 1941

26. (a) (Date received) (b) Marvel H. Fehlen (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Stevens } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Zulu Catherine Jeanneret, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Orville Clark (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. M. Thompson (Name of attendant at birth), who attended said birth cannot be located at this time (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Zulu Catherine Jeanneret Signature

Colville R.F.D. #3 P. O. Address

Subscribed and sworn to before me on this 25th day of July, 19 41

(SEAL) Notary Public, residing at Colville Wn.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 17 1941

State File No. 315578
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County TWIN FALLS (b) City KIMBERLY
(c) Street Address or R.F.D.No. UNKNOWN
(d) Name of Hospital or Maternity Home:
AT HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 1 years 5 month 17 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D.No. Unkown
(e) How long has **MOTHER** lived in Idaho 1 1/2 yrs.
(f) Mother's mailing address Kimberly, Idaho

3. **RESIDENCE of FATHER** (city, state) Kimberly, Idaho

4. **FULL NAME OF CHILD** Randolph Thomas Carter

5. Date of Birth (Month, day year) Nov. 19. 1909

6. Sex Male

7. ~~Twin~~ ~~Triplet~~ ~~Quadruplet~~ ~~Quintuplet~~ ~~Sextuplet~~ ~~Twin~~ ~~Triplet~~ ~~Single~~ 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Doran Randolph Carter
11. Color or Race White American
12. Age at time of THIS birth 20 yrs.
13. Birthplace Holden Missouri (City or town) (State or foreign country)
14. Exact Occupation Pharmacist
15. Industry or Business Owned drugstore

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Bissett
17. Color or Race Wh. American
18. Age at time of THIS birth 20 yrs
19. Birthplace Spencer, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 17-1941 (Date received) (b) Mary H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of United States of America)ss
County of Territory of Alaska (St.)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ellen Simpson, being first duly sworn, say that I am related (Related to (or) acquainted with) Randolph Thomas Carter (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Morgan (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Ellen Simpson Signature

Fairbanks Alaska P. O. Address

Subscribed and sworn to before me on this 14th day of July, 1941

(SEAL) Robert C. Staley Notary Public, residing at Fairbanks, Ala.
Notary public in and for alaska my com expires 1/3/44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/22/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315634
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ---days.
IN THIS county two years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? two yrs.
(f) Mother's mailing address Genesee, Idaho,

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Arthur Knight

5. Date of Birth (Month, day year) Aug. 1, 1909

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Eli Jesse Knight
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Marysville (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15 Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Miller
17. Color or Race White **18.** Age at time of THIS birth 22 yrs
19. Birthplace Near Bartlesville, Okla. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) July 18-1941 (Date received) (b) Mabel Heller (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora Locke, being first duly sworn, say that I am related (Related to (or) acquainted with) Arthur Knight (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ehlen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cora Locke Signature
Adams Blk, Lewiston, Idaho, P. O. Address

Subscribed and sworn to before me this 17th day of July, 1941
(SEAL) Notary Public, residing at Lewiston, Idaho,

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 21 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315654
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Jackson
(c) Street Address or R.F.D.No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Jackson
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? ~~23~~ 5½ yrs.
(f) Mother's mailing address Jackson

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD James Richard Franklin
5. Date of Birth (Month, day year) Dec 14-1909
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Leander Hilyard Franklin	16. FULL MAIDEN NAME Sarah Ella Rozett Hunt
11. Color or Race white	17. Color or Race white
12. Age at time of THIS birth 28 yrs.	18. Age at time of THIS birth 21 yrs
13. Birthplace Madison Co (City or town) N. C. (State or foreign country)	19. Birthplace Richfield (City or town) Colorado (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15 Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 a M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Ella Rozett Hunt (Husband) (Last name) Franklin, who is related to this child as Mother (Mother, etc.).

26. (a) JUL 21 1941 (Date received) (b) Mary Y Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Sarah Ella Rozett Hunt (M.D., Midwife, etc.)
and address Franklin Date

State of California
County of San Bernardino } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Ella Rozett Hunt, being first duly sworn, say that I am Mother (Related to (or) acquainted with) James Richard Franklin (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. B. Kinagy (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah Hunt Signature
Barstow Calif Box 713 P. O. Address

Subscribed and sworn to before me on this 17th day of July, 1941

(SEAL) My commission expires Nov. 6, 1941 E. L. Hulse Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JUL 21 1941

315655

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At private home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Nampa, Ida

3. RESIDENCE of FATHER (city, state) Nampa, Ida

4. FULL NAME OF CHILD Louis Egmer Clapp

5. Date of Birth (Month, day year) 5/26/09

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Willis Clapp
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace PawPaw (City or town) Michigan (State or foreign country)
14. Exact Occupation Laborer on farm
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Egmer
17. Color or Race white
18. Age at time of THIS birth 28 yrs
19. Birthplace Cass Co. (City or town) Michigan (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUL 21 1941 (Date received) (b) Mabel H. Eddy (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Clapp, being first duly sworn, say that I am related (Related to (or) acquainted with) Louis Egmer Clapp (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Honga (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Margaret E. Clapp Signature
Nampa R.D. #1, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of July, 19 41

(SEAL) Clara Jenkins Notary Public, residing at Grand View, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

349 128 004 747

United States
Department of Commerce
Bureau of the Census

RECEIVED JUL 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316768
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County BEAR LAKE (b) City MONTPELIER
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. In **THIS** county 12 years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** ARTHUR WAYNE BURKE
5. Date of Birth (Month, day, year) 7-28-1909
6. Sex MALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ARTHUR MELBOURNE BURKE
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Colton (City or town) Nebraska (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** GERTRUDE ELIZABETH PUGMIRE
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace RANDOLPH (City or town) UTAH (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by .... (First name) (Last name) who is related to this child as .... (Mother, etc.)

26. (a) JUL 9 1941 (Date received) (b) Mary H. Edefer (Registrar's signature)

27. Given name added on .... by .... (Registrar's signature)

25. Attendant's **OWN signature** .... M.D. or .... (D.O., Midwife, etc.)
and address Date

State of ....
County of ....
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Gertrude E. Burke, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arthur Wayne Burke (Name of person on certificate above) as Mother (State relationship or acquainance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E. F. Bunyan (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Gertrude E. Burke ....Name
Box 15 Montpelier Ida ....P. O. Address

Subscribed and sworn to **before me on** this 8 day of July 1941

(SEAL) Ben Alane ....Notary Public, residing at Montpelier Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-128006-613

316786

United States
Department of Commerce
Bureau of Census

JUL 23 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Maternity Home days.
IN THIS county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City (Near) Blackfoot
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Blackfoot

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Harald Varley Ennor

5. Date of Birth (Month, day year) July 28 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Walton Ennor
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Sacramento California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lorena Watters
17. Color or Race White
18. Age at time of THIS birth 20 yrs
19. Birthplace Mapelton Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

26. (a) July 23-1941 (Date received) (b) Maud Y. Geller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank Walton Ennor, being first duly sworn, say that I am the father of (Related to (or) acquainted with) Harald Varley Ennor (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Jacobs (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank Walton Ennor Signature
248½ Laurel Salem Oregon P. O. Address

Subscribed and sworn to before me on this 22nd day of July 1941

(SEAL) Frederick T. Delano Notary Public, residing at Salem Oregon.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

659-103-003-395

United States
Department of Commerce
Bureau of Census

RECEIVED
JUL 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316816
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At my home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Bancroft
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Bancroft - Idaho

3. **RESIDENCE of FATHER** (city, state) Bancroft - Ida

4. **FULL NAME OF CHILD** Reed Creer Ferguson

5. Date of Birth (Month, day year) Mar. 3 - 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** Eli Kelsey Ferguson	16. **FULL MAIDEN NAME** Mary Helen Creer
11. Color or Race White 12. Age at time of THIS birth 25 yrs.	17. Color or Race White 18. Age at time of THIS birth 25 yrs
13. Birthplace Lake Shore (City or town) Utah (State or foreign country)	19. Birthplace Lake Shore (City or town) Utah (State or foreign country)
14. Exact Occupation Contractor	20. Exact Occupation House wife
15. Industry or Business Building	21. Industry or Business House Keeping.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 24 1941 (Date received) (b) Mabel Fenter (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elvira M. Ferguson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Reed Creer Ferguson (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Madeline Aston (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elvira M Ferguson Signature
P. O. Address

Subscribed and sworn to before me on this 24th day of July 1941

(SEAL) Florence T. Greenhoot Notary Public, residing at Los Angeles, Calif.

My Commission Expires March 25, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

753-102-003-269

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316837
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 20 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Leatho Avol Peterson

5. Date of Birth (Month, day year) Dec. 2, 1909

6. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Avol Peterson
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Spanga Vingaker, Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Nellie Sorensen
17. Color or Race White 18. Age at time of THIS birth 26 yrs
19. Birthplace Mantua, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 17 1941 (Date received) (b) Marvel H. Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Esther Nellie Peterson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leatho Avol Peterson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Toome (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Esther Nellie Peterson Signature
4283-39th St. San Diego, Calif. P. O. Address

Subscribed and sworn to before me on this 17th day of July, 1941.

(SEAL) Ralph Shattuck Notary Public, residing at San Diego, Calif.
My Commission Expires Aug. 24, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

314-125-0 d-914

United States
Department of Commerce
Bureau of the Census

JUL 25 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 316860
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home • days.
In **THIS** county 4 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. R.F.D. 2.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Henry Lewis Bauer
5. Date of Birth (Month, day, year) Aug 25-09
6. Sex M
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy full term
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl G. Bauer
11. Color or Race W
12. Age at time of THIS birth 27 yrs.
13. Birthplace Stuttgart Germany (City or Town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Anna Raum
17. Color or Race W
18. Age at time of THIS birth 20 yrs.
19. Birthplace Nuremburg Germany (City or Town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at P— M. on the date and at the place stated above, and that personal particulars were furnished by Cora Bauer (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 25 1941 (Date received) (b) Maud H. Edler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** John Bank M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 7-24-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

235-208-028-319

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 25 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316874
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Post-Falls
(c) Street Address or R.F.D.No. 1
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post-Falls
(d) Street Address or R.F.D.No. 1
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Post-Falls Idaho

3. RESIDENCE of FATHER (city, state) Post-Falls Idaho

4. FULL NAME OF CHILD Ruth Catherine Klein

5. Date of Birth (Month, day year) May 8, 1909

6. Sex Female

7. Twin or Trip'et If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Anton William Klein	16. FULL MAIDEN NAME Hanna Josephine Carlson
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 24 yrs.	18. Age at time of THIS birth 24 yrs.
13. Birthplace Burlington (City or town) Iowa (State or foreign country)	19. Birthplace Burlington (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15 Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 25 1941 (Date received) (b) Mark Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anton William Klein, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ruth Catherine Klein (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Kennedy, M.D. (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anton William Klein Signature
5520 Brooklyn Ave. Seattle, Washington P. O. Address

Subscribed and sworn to before me on this 22nd day of July, 1941

(SEAL) W. Rosen Notary Public in and for the State of Washington residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for ~~the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

645-118-035-239

RECEIVED

JUL 25 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316886
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 4 years 1 month 10 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) Street Address or R.F.D.No. —
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Culdesac, Idaho

3. RESIDENCE of FATHER (city, state) Culdesac, Idaho

4. FULL NAME OF CHILD Jack Finch

5. Date of Birth (Month, day year) Sept. 18, 1909

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Edward Finch
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Detroit (City or town), Michigan (State or foreign country)
14. Exact Occupation Lumber Grader
15. Industry or Business Lumbering Industry.

MOTHER OF CHILD

16. FULL MAIDEN NAME Evedna Stratton
17. Color or Race White
18. Age at time of THIS birth 33 yrs
19. Birthplace New Brunswick, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Evedna (First name) Finch (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL 25 1941 (Date received) (b) Maud Fuller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Mrs. B. K. Tiffany M.D. (D.O., Midwife, etc.)
and address Culdesac, Ida. Date 7-9-41

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. B. K. Tiffany, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) with Jack Finch (Name of person on certificate above) as attend his mother when he was born (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 149, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I am the one (Name of attendant at birth), who attended said birth of Jack Finch (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. B. K. Tiffany Signature
Culdesac, Ida. P. O. Address

Subscribed and sworn to before me on this 9 day of July, 1941

(SEAL) H. Stephens Notary Public, residing at Culdesac, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code, Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

864-109-022-936

United States
Department of Commerce
Bureau of Census

JUL 28 1941

(Be sure this information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316893
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address St. Anthony, Idaho

3. RESIDENCE of FATHER (city, state) St. Anthony, Idaho

4. FULL NAME OF CHILD Ervin V. Hodges

5. Date of Birth (Month, day year) 10/9/1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William V. Hodges
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Elizabeth Glover
17. Color or Race White
18. Age at time of THIS birth 33 yrs
19. Birthplace Clarkston (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name of prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Catherine Hodges (First name) (Last name), who is related to this child as Mother (Mother, etc.).

JUL 28 1941

26. (a) (Date received) (b) Mary L. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Catherine Elizabeth Hodges, being first duly sworn, say that I am mother (Related to (or) acquainted with) Ervin V. Hodges (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Christiana R. Humphrey (Name of attendant at birth) who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Catherine Elizabeth Hodges ✓ Signature

P. O. Address

Subscribed and sworn to before me on this 23 day of July, 1941

(SEAL) E. Hunnay Notary Public, residing at ST. ANTHONY, IDA.

Clerk of District Court.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

316902

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Bonner
City or DOVER IDAHO
No. [illegible] st.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD WILLIAM WESLEY WALLACE

3. Sex MALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. ~~Premature~~ ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth September 9 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name WILLIAM WESLEY WALLACE	18. Full maiden name GEORGENIA OLEA SPARHAWK
10. Residence (usual place of abode) (If non-resident, give place and State) ~~SAGINAW MICH~~ Dover Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) ~~Saginaw~~ Dover, Idaho
11. Color or race White | 12. Age at last birthday 42 (years)	20. Color or race WHITE | 21. Age at last birthday 18 (years)
13. Birthplace (city or place) (State or Country) SAGINAW MICHIGAN	22. Birthplace (city or place) (State or Country) SCOTIA NEBRASKA
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LOGGER	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. LOGGING CAMP	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 25 years	25. Date (month and year) last engaged in this work — , 19.... | 26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks | 30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Georgenia Olea Wallace mother, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of) .....
Registrar.

Filed July 20, 1941 Mabel T. Eelfer
Registrar.

613-109-009-271

JUL 24 1941

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Whatcom } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Georgia Sparhawk Wallace Micks being first duly sworn says that she is the mother (Relationship of child)* of William Wallace Wesley Wallace born September 9, 1909 (Date of birth) at Dover, Idaho, whose certificate of birth is hereto attached, and that Mrs Wallace Micks desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said William Wesley Wallace hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Patterson, M. D., was the Midwife medical attendant at the birth of said ~~William Wesley Wallace~~ and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Georgia Olea Micks
P. O. Address 2104 Humboldt Bellingham, Wash.

Subscribed and sworn to before me this 23 day of July, 1941

W. C. Orrill
Notary Public.

Residing at Bellingham Wash, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

4-31-41 STATE OF IDAHO

195-113-034-645

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 25 1941

State File No. 316915
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County MADISON (b) City REXBURG
(c) Street Address or R.F.D.No. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 16 years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County MADISON
(c) City REXBURG
(d) Street Address or R.F.D.No. #1
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Rexburg, Idaho

3. RESIDENCE of FATHER (city, state) Rexburg, Ida.

4. FULL NAME OF CHILD WAYNE GEORGE ARNOLD

5. Date of Birth (Month, day year) Feb.13,1909

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOSEPH ARNOLD
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace SALT LAKE, UTAH, U.S.A. (City or town) (State or foreign country)
14. Exact Occupation FARMER & SHEEP RAISER
15 Industry or Business FARM

MOTHER OF CHILD

16. FULL MAIDEN NAME INA MAUDE WINTERS
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs
19. Birthplace GRASS VALLEY, UTAH, U.S.A. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 25 1941 (Date received) (b) Marvel Keller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ina Maude Arnold Gibson, being first duly sworn, say that I am related to (Related to (or) acquainted with) WAYNE GEORGE ARNOLD (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hyde (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ina Maude Arnold Gibson Signature
12121 Foothill Blvd., San Fernando, Calif. P. O. Address

Subscribed and sworn to before me on this 23rd day of July, 1941

(SEAL) Grace Maggine Notary Public, residing at Van Nuys, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

138-208-001-869

#316934

316934

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316934
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. 714 E. Jefferson St.
(d) Name of Hospital or Maternity Home:
Born at the family residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. 714 E.Jefferson St.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Elta Sarah Atherton

5. Date of Birth (Month, day year) Nov. 8, 1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Atherton
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Parish of Wigan England (City or town) (State or foreign country)
14. Exact Occupation Owner and driver of his own
15 Industry or Business Taxi Cab business at Boise Ida.

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Agnes Work
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace Bigham, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4
(c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 31 1941 (Date received) (b) Mabel M. Keller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace Atherton Jones, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elta Sarah Atherton (Name of person on certificate above) as oldest sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Warren Springer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Grace Atherton Jones Signature
1612 2nd. st. so Nampa Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of July 1941
(SEAL) [illegible] Notary Public, residing at Nampa Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

855-210-144-369

#316937

United States
Department of Commerce
Bureau of Census

JUL 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316937
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Josephine
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 1 days. IN THIS county 4 years 4 month 14 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Weiser Idaho

3. RESIDENCE of FATHER (city, state) Weiser I.

4. FULL NAME OF CHILD Elizabeth Agnes Henderson
5. Date of Birth (Month, day, year) Dec. 10. 1909
6. Sex female Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mos
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Alexander
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Cadiz (City or town) Ohio (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucretia Turner
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Rankin (City or town) Illinois (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Lucretia Henderson (First name) (Last name) is related to this child as mother (Mother, etc.)

26. (a) JUL 31 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucretia T. Henderson being first duly sworn, say that I am mother of (Related to (or) acquainted with) Elizabeth Agnes Henderson (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. A. Young (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lucretia T. Henderson Signature
R1. Boise Ida. P. O. Address

Subscribed and sworn to before me on this 31st day of July 1941

(SEAL) Hazel Emerell Notary Public, residing at Boise Idaho
my Com expires July 25-1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

912-108-00-465

316939

United States
Department of Commerce
Bureau of the Census

AUG 1 1941

(Be sure the information is complete and accurate)

State File No. 316939
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 516 So 16th St
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 5 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 516 So 16th St.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address (For registration notice):
516 So 16th Street
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise

4. **FULL NAME OF CHILD** George William Rason

5. Date of Birth (Month, day, year) Mar 8-1909

6. Sex M

7. Twin or Triplet C If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full term

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Rason

11. Color or Race W

12. Age at time of THIS birth 37 yrs.

13. Birthplace Defiance Ohio
(City or Town) (State or foreign country)

14. Exact Occupation Teamster

15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Moninger

17. Color or Race W

18. Age at time of THIS birth 35 yrs.

19. Birthplace Defiance Ohio
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 1% sol.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Jennie Moninger (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) AUG 1 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** John Beck M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 7-30-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

485-122-014-258

316949

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316949
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County CANYON (b) City CALDWELL
(c) Street Address or R.F.D.No. 1117 BELMONT
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home NO days.
IN THIS county years 6 months 7 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City CALDWELL
(d) Street Address or R.F.D.No. 1117 BELMONT
(e) How long has MOTHER lived in Idaho? 32 yrs.
(f) Mother's mailing address CALDWELL, IDAHO

3. RESIDENCE of FATHER (city, state) CALDWELL, IDA

4. FULL NAME OF CHILD BRUCE ARTHUR MYERS

5. Date of Birth (Month, day year) APRIL 2, 1909

6. Sex MALE

7. Twin or Triplet NEITHER If so—born 1st, 2nd, 3rd NO

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ARTHUR INDEPENDENCE MYERS
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace GEORGETOWN, NEBERASKA (City or town) (State or foreign country)
14. Exact Occupation REAL ESTATE, INSURANCE
15. Industry or Business PROPRIETOR, A. L. MURPHY CO.

MOTHER OF CHILD

16. FULL MAIDEN NAME BESSIE FAY SNYDER
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs
19. Birthplace HURLEY, SOUTH DAKOTA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum SILVER NITRATE 1 %
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 6 1941 (Date received) (b) Mabel M. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of IDAHO
County of CANYON } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ARTHUR INDEPENDENCE MYERS, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) BRUCE ARTHUR MYERS (Name of person on certificate above) as HIS FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that JAMES YOUNG (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Arthur I. Myers Signature
Caldwell Ida P. O. Address

Subscribed and sworn to before me on this 6 day of Aug 1941
(SEAL) Geo. L. Shaffer Notary Public, residing at Caldwell, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

155-116-009-817

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

316972

CERTIFICATE OF BIRTH

RE

JUL 28 1941

1. PLACE OF BIRTH
County of Bonner
City of Sandpoint, Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Howard Leslie Jenkins

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? yes

8. Date of birth 10 – 16, 1909 (Month, Day, Year)

FATHER

9. Full name Everett Jenkins

10. Residence (usual place of abode) (If non-resident, give place and State) Heron, Mont.

11. Color or race white | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) Cunningham, Kan.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. sawmill

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 4 yrs.

MOTHER

18. Full maiden name Minnie Haggerty

19. Residence (usual place of abode) (If non-resident, give place and State) Heron, Mont.

20. Color or race white | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Greenwild, Minn.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work 4 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
~~one~~ two
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ~~born alive~~ (Born Alive or Stillborn) at 12 ~~a.m.~~ on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Chas. F. Tayle, M. D.

or ....., Midwife

Address Sandpoint Idaho

Filed Aug 28, 1941 Mavel E. Leffler

Registrar.

769-217-014-236

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 30 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316975
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D.No. 1106 N. 6th St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home -- days,
IN THIS county 1 years 3 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State 1106 N. 6th St (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D.No. 1106 N. 6th St No.
(e) How long has MOTHER lived in Idaho? 1yr-3 yrs.
(f) Mother's mailing address 1106 N. 6th St.

3. RESIDENCE of FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD HELEN MODENA GORHAM

5. Date of Birth (Month, day year) Aug. 17, 1909

6. Sex female

7. Twin or -- Triplet -- If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME SYLVESTER ABIGA GORHAM
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Conway Springs, Kansas (City or town) (State or foreign country)
14. Exact Occupation grocery man
15 Industry or Business grocery business

MOTHER OF CHILD

16. FULL MAIDEN NAME BLANCHE R. STOCKWELL
17. Color or Race white **18.** Age at time of THIS birth 24 yrs
19. Birthplace Dodge City, Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUL 30 1941 (Date received) (b) Maurel F. Eeder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whatcom } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sylvester A. Gorham, being first duly sworn, say that I am Her Father (Related to (or) acquainted with) Helen Gorham Beers (Name of person on certificate above) as Daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O.H. Agney (Name of attendant at birth), who attended said birth was Dead Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sylvester A. Gorham (Signature)
7031 Elm Bellingham Wash (P. O. Address)

Subscribed and sworn to before me on this 28th day of July, 1941

(SEAL) [signature] Notary Public, residing at Bellingham

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

693-20-028-419

United States
Department of Commerce
Bureau of Census

JUL 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 816986
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 11th St.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 12 years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho, (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 11th St.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address 11th St.

3. **RESIDENCE of FATHER** (city, state) Coeur d'Alene Idaho

4. **FULL NAME OF CHILD** Viola Spray Williams.

5. Date of Birth (Month, day, year) April 7. 1904

6. Sex Female

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Otis Williams
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Anna. Illinois (City or town) (State or foreign country)
14. Exact Occupation Pilot
15. Industry or Business Red Collar Steamship Line

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Alice Darknell
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Fairfield Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used ~~to prevent Ophthalmia Neonatorum~~ Mukonon
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) July 28-1941 (Date received) (b) Maurel H. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date

State of California
County of San Bernardino } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora A. Williams, being first duly sworn, say that I am Mother (Related to (or) ~~acquainted with~~) Viola Spray Williams (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A. Hunter (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cora A. Williams Signature
20 San Bernardino St. Redlands Calif. P. O. Address

Subscribed and sworn to before me on this 24th day of June, 1941

(SEAL) Kathryn Shatto Notary Public, residing at San Bernardino County, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-106-006-219

316994

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 28 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D.No. General Delivery
(d) Name of Hospital or Maternity Home: At own Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 2 years month / days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D.No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Idaho Falls Idaho.

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Emal Albert Kleiss

5. Date of Birth (Month, day year) Dec., 6, 1909.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Joseph Kleiss
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Tolono, (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Marie Bartels
17. Color or Race White
18. Age at time of THIS birth 18 yrs
19. Birthplace Napoleon, (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 4 a M. on the date and at the place stated above, and that personal particulars were furnished by Otto Reiss (First name) Gamaner (Last name) who is related to this child as father (Mother, etc.) as shown by affidavit attached

26. (a) JUL 28 1941 (Date received) (b) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Haddie Daniels M.D. (~~D.O.~~, Midwife, etc.) and address deceased Date

State of Okla
County of Tulsa } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie Kleiss, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Emal Kleiss (Name of person on certificate above) as such was present at birth (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Haddie Daniels (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Minnie Kleiss Signature
R1 Broken Arrow Okla P.O. Address

Subscribed and sworn to before me on this 24 day of July 1941

(SEAL) F S Hurd Notary Public, residing Broken Arrow Okla

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

AFFIDAVIT

State of Oklahoma,
Caddo County, } ss.

Affidavit of Otto Reiss and G. A. Mossmeier of lawful age, first being duly sworn, deposes and says as follows: That we are well acquainted with one Emal Kleiss of Broken Arrow, Oklahoma and that we know of our own knowledge that the said Emal Kleiss was born December, 6th, 1909 at Idaho Falls, Idaho and that his parents are Albert Kleiss, father, and Minnie Kleiss, mother, both now living at Broken Arrow, Oklahoma

Otto Reiss
G. A. Mossmeier

Subscribed and sworn to before me this 20th day of June, 1941

Adolf
Notary Public.

My Commission expires Mch, 16th, 1943

8-1-91

INDIVIDUAL ACKNOWLEDGMENT

(Oklahoma Form)

STATE OF_____County of_____, ss:

Before me the undersigned, a Notary Public, in and for said County and State, on this_____day of_____19____, personally appeared_____ and _____ to me known to be the identical person_____ who executed the within and foregoing instrument and acknowledged to me that _____executed the same as_____free and voluntary act and deed for the uses and purposes therein set forth.

Given under my hand and seal the day and year last above written.

My commission expires_____ _____, Notary Public

Form No. 201 1-2

AFFIDAVIT

Made by

of

Taken by

Date

-193-231-007-265

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

REC'D JUL 30 '41

State File No. 316995
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Carey Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Stayed at Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 14 days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address Richfield Idaho

3. RESIDENCE of FATHER (city, state) Richfield Ida.

4. FULL NAME OF CHILD Ida Ellen Giles

5. Date of Birth (Month, day, year) March 31, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? 1

FATHER OF CHILD

10. FULL NAME Joseph Fielding Giles
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Heber (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Sweat
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Heber (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None, Boric Acid.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ellen Giles (First name) (Last name), who is related to this child as Mother (Mother, etc.)

REC'D JUL 30 '41

26. (a) (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Louisa B. Howard M.D. (D.O., Midwife, etc.) and address Carey Idaho Date 7-19-1941

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-129-002-962 Please Rush

316999

United States
Department of Commerce
Bureau of Census JUL 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City PARKER
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address DECEASED

3. RESIDENCE of FATHER (city, state) PARKER IDA.

4. FULL NAME OF CHILD ASMOND AUGUST ANDERSON 5. Date of Birth (Month, day year) OCT. 29 1909

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME AUGUST GUSTAF ANDERSON	16. FULL MAIDEN NAME HANNAH JULA ROSENVALL
11. Color or Race WHITE 12. Age at time of THIS birth 27 yrs.	17. Color or Race WHITE 18. Age at time of THIS birth 27 yrs
13. Birthplace GUNNISON (City or town) UTAH (State or foreign country) U.S.A.	19. Birthplace GUNNISON (City or town) UTAH (State or foreign country) U.S.A.
14. Exact Occupation BLACKSMITH	20. Exact Occupation HOUSE KEEPER
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive—stillborn) at ... P. M. on the date and at the place stated above, and that personal particulars were furnished by August G. Anderson (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JUL 26 1941 (Date received) (b) Marie Keller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Michigan
County of Oakland } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, August G. Anderson, being first duly sworn, say that I am Father (Related to (or) acquainted with) August Gustaf Anderson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. West (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

August G. Anderson Signature
Pontiac R # 7. Michigan 41 P. O. Address

Subscribed and sworn to before me on this 23 day of July 19 41
(SEAL) Carlos G. Richardson Notary Public, residing at Pontiac Michigan

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249-227-029-959

United States
Department of Commerce
Bureau of the Census

REC'D JUL 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

317019

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 5
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: At home
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 5
(e) How long has **MOTHER** lived in Idaho? 41 yrs.
(f) Mother's mailing address Moscow, Idaho

3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida

4. **FULL NAME OF CHILD** Frances Esther Burch

5. Date of Birth (Month, day, year) June 27, 1929

6. Sex. female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Frank Burch
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Independence, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Reifenrath
17. Color or Race white
18. Age at time of THIS birth 37 years
19. Birthplace Coblenz, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) REC'D JUL 30 '41 (Date received) (b) Maud Keller (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Kathryn Burch Marsh, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frances Esther Burch (Name of person on certificate above) as Older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. A. Adair (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Kathryn Burch Marsh Name
324 - No. Main St. Moscow, Idaho P.O. Address

Subscribed and sworn to before me on this 28th day of July, 1941.

(SEAL) A. Milgard Notary Public, residing at Moscow, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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958-202-1019-659

RECEIVED

JUL 30 19

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317056
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D.No. None.
(d) Name of Hospital or Maternity Home: parents home
(e) Mother's stay **BEFORE** delivery: None.
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D.No. None.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Mackay, Idaho

3. RESIDENCE of FATHER (city, state) Mackay, Idaho

4. FULL NAME OF CHILD Ola Mildred Rehfuss

5. Date of Birth (Month, day year) April 2, 1909

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Henry Herman Rehfuss
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Manchester, Michigan (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Meat business.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bernice Marco Ferguson
17. Color or Race White
18. Age at time of THIS birth 20 yrs
19. Birthplace Sheldon, North Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum I do not know.
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One (c) Born alive and now dead None (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 30 19 (Date received) (b) Mabel T. Fuller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bernice Ferguson Rehfuss, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ola Mildred Rehfuss (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Francis Poole (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bernice Ferguson Rehfuss Signature
205 W. 14th St., Idaho Falls, Idaho. P. O. Address

Subscribed and sworn to before me on this 28th day of July, 19 41.

(SEAL) John Feuchbaum Notary Public, residing at Idaho Falls, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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962-213-244-236

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 1 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317081
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Harriett Roseborough

5. Date of Birth (Month, day year) 6-13-1909

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy (9Mo)

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME SAM ROSEBOROUGH
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Memphis, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME PAULINE STOVER
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Weiser, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 1 1941 (Date received) (b) Mabel H. Keefer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pauline Stover Roseborough, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harriett Roseborough (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Waterhouse (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Pauline Stover Roseborough Signature
Route 2, Weiser, Idaho P. O. Address

Subscribed and sworn to before me on this 29th day of July, 19 41

(SEAL) Cecile Reynolds Notary Public, residing at Weiser, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

84-208-214-692

PLACE OF BIRTH

County of Canyon AUG 2 1941

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

317122

No. ..... St. Registration District No. 6 State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Drusilla Hodell

(Certificate of no value without full name of child)

Sex of Child Female | Twin Triplet or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth March 8 1909 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Bert Milton Hodell	FULL MAIDEN NAME	Myrtle Fisher
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

Aug 7 - 1941, 192...

..... Registrar.

(Signature) J. R. Reynolds M.D.

(Physician or midwife)

Address Emmett Idaho

Filed Apr 1 1909 J. R. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

844

386-108-044-249 RECEI...

United States
Department of Commerce
Bureau of Census

AUG 2 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317124
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 3 years 2 month 7 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Indian Valley
(d) Street Address or R.F.D.No. Star Route
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Indian Valey

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Andrew Glenn Thompson

5. Date of Birth (Month, day year) May 8, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Louis Augustus Thompson
11. Color or Race Wh
12. Age at time of THIS birth 34 yrs.
13. Birthplace Tuscumbia, Missouri (City or town) (State or foreign country)
14. Exact Occupation Livestock and farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Ann Smith
17. Color or Race Wh
18. Age at time of THIS birth 27 yrs
19. Birthplace Hood River Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 2 1941 (Date received) (b) Mabel H. Geeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, L. A. Thompson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Andrew Glenn Thompson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. E. Smith (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

L. A. Thompson — Signature

WARREN — P. O. Address

Subscribed and sworn to before me on this 30 day of July, 1941

(SEAL) Otis Morris — Notary Public, residing at WARREN

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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319-115-037-569

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317158
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Was Owyhee, now Elmore (b) City King Hill, Idaho
(c) Street Address or R.F.D.No. 1
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years 10 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee, now Elmore
(c) City King Hill
(d) Street Address or R.F.D.No. 1
(e) How long has MOTHER lived in Idaho? 1 yrs. 2 mos.
(f) Mother's mailing address King Hill, Idaho.
3. RESIDENCE of FATHER (city, state) King Hill, "

4. FULL NAME OF CHILD JOHN LINCOLN CARNAHAN
5. Date of Birth (Month, day year) Aug. 15, 1909
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Albert Pollard Carnahan	16. FULL MAIDEN NAME Carrie Selena Ewing
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 38 yrs.	18. Age at time of THIS birth 35 yrs
13. Birthplace Boulder, Colorado (City or town) (State or foreign country)	19. Birthplace Cadmus, Linn Co., Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer & Stockman.	20. Exact Occupation Housewife
15 Industry or Business " "	21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 4-1941 (Date received) (b) Mabel H Fuller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, CARRIE E. CARNAHAN, being first duly sworn, say that I am related to (Related to (or) acquainted with) JOHN LINCOLN CARNAHAN (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Charles C. Smith (Name of attendant at birth), who attended said birth is now deceased, (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carrie E. Carnahan Signature
King Hill, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of August, 1941.
(SEAL) Mary B. Edwards Notary Public, residing at Boise, Idaho
My commission expires Nov. 6, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

763-23-026-918

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317165
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jefferson (b) City Menan
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Menan
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Menan

3. RESIDENCE of FATHER (city, state) Menan, Ida.

4. FULL NAME OF CHILD Charley Arthur Polson

5. Date of Birth (Month, day year) 4/23/09

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME William Henery Polson	16. FULL MAIDEN NAME Minnie Elizabeth Ott Ray
11. Color or Race White 12. Age at time of THIS birth 39 yrs.	17. Color or Race White 18. Age at time of THIS birth 33 yrs
13. Birthplace Manti (City or town) Utah (State or foreign country)	19. Birthplace Unknown (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15 Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 4 1941 (Date received) (b) Mabel F Geldon (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Henry Polson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charley Arthur Polson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Freeman (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Henry Polson Signature
Roberts, Idaho P. O. Address

Subscribed and sworn to before me on this 1 day of August, 1941
(SEAL) Arthur P. Jensen Notary Public, residing at Roberts, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

239-119-014-253

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317186
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Harold George Klinger

5. Date of Birth (Month, day year) Feb. 19, 1909

6. Sex M.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Earl Henry Klinger
11. Color or Race W
12. Age at time of THIS birth 29 yrs.
13. Birthplace Stevensville (City or town) Mich. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Anna Ena Edith Kelley
17. Color or Race W
18. Age at time of THIS birth 23 yrs
19. Birthplace Emmett (City or town) Idaho. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Anna Klinger (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) AUG 6 1941 (Date received) (b) Manuel H. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Florence A Scouten, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harold George Klinger (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Florence A Scouten. Signature

..... P. O. Address

Subscribed and sworn to before me on this 4 day of August, 1941

(SEAL) A. N. Fowler Notary Public, residing at Arlington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

259-206-029469

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 5 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317192
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Shoshone Ida

3. RESIDENCE of FATHER (city, town) Shoshone Ida

4. FULL NAME OF CHILD Marie Virginia Bernard

5. Date of Birth (Month, day year) March 6th 1909

6. Sex girl

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benoit H. Bernard
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace France (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Louise Monnac
17. Color or Race White
18. Age at time of THIS birth 31 yrs
19. Birthplace France (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 5 1941 (Date received) (b) Marie H. Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Benoit H. Bernard, being first duly sworn, say that I am ~~father~~ related (Related to (or) acquainted with) of Marie Virginia Bernard (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Comstock (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Benoit H. Bernard Signature
Shoshone Ida P. O. Address

Subscribed and sworn to before me on this 4th day of August, 1941

(SEAL) Thos. L. Alig Notary Public, residing at Shoshone Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-19-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

281-116-014-249

317196

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

AUG 5 1941

1. PLACE OF BIRTH
(a) County Canyon (Gem) (b) City Emmet
(c) Street Address or R.F.D.No. 4 miles East
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmet
(d) Street Address or R.F.D.No. 4 miles East
(e) How long has MOTHER lived in Idaho? 1½ yrs.
(f) Mother's mailing address Emmet

3. RESIDENCE of FATHER (city, state) Emmet, Idaho

4. FULL NAME OF CHILD Samuel Harry Sharp

5. Date of Birth (Month, day year) Oct. 16, 1909

6. Sex male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Harry Sharp
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Marion, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business General Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Pearl Burnham
17. Color or Race White
18. Age at time of THIS birth 23 yrs
19. Birthplace Ellington, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 5 1941 (Date received) (b) Mabel T. Geeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Oregon
County of Lane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Harry Sharp, being first duly sworn, say that I am related to (Related to (or) acquainted with) Samuel Harry Sharp (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. W. Clark (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John Harry Sharp Signature

692 East 8th, Eugene, Oregon P. O. Address

Subscribed and sworn to before me on this 1st day of August, 1941

(SEAL) D T Bayley Notary Public, residing at Eugene, Ore.

My Com. Expires: 12/29/42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

238-120-028-238

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317198
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 2 years 9 month 18 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Rathdrum, Idaho

3. RESIDENCE of FATHER (city, state) Rathdrum, Id

4. FULL NAME OF CHILD Benjamin Richard Schaefer

5. Date of Birth (Month, day year) Apr. 20, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Richard Frederick Schaefer
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Schaller, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Clara Schuldt
17. Color or Race White
18. Age at time of THIS birth 24 yrs
19. Birthplace Alden, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) AUG 4 1941 (Date received) (b) Marvel Y. Geiger (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Esther Clara Schaefer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Benjamin Richard Schaefer (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Drennan (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Esther Clara Schaefer — Signature
South Bend, Indiana — P. O. Address

Subscribed and sworn to before me on this 31 day of July 1941

(SEAL) M. M. Hoffman — Notary Public, residing at South Bend Ind.
12/7/43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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465-119-022-955

United States
Department of Commerce
Bureau of Census

AUG 5 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317203
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH at the time
(a) County Freemont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
~~In Hosp. or Mat.~~ Home 10 days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yr.
(f) Mother's mailing address Rexburg Idaho

3. RESIDENCE of FATHER (city, state) Rexburg Ida

4. FULL NAME OF CHILD Neilo Darell Monson

5. Date of Birth (Month, day, year) Sept. 19, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME James Hans Monson	16. FULL MAIDEN NAME Hannah Iverson
11. Color or Race white	17. Color or Race white
12. Age at time of THIS birth 37 yrs.	18. Age at time of THIS birth 35 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)	19. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer.	20. Exact Occupation house wife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at nurse M. on the date and at the place stated above and that personal particulars were furnished by Edith Monson Richardson (First name) (Last name), who is related to this child Sister (Mother, etc.)

25. Attendant's OWN signature Mrs Lucy W. Burr Nurse M.D. (D.O., Midwife, etc.)
and address 28 E. 4 S. Logan Utah Date 6-17-41

26. (a) AUG 5 1941 (Date received) (b) Marvel H. Geyer (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that ~~I am~~ (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Osmond (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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393.121-016-167 #317270

United States
Department of Commerce
Bureau of Census

AUG 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317270
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 3 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Burley Ida

3. RESIDENCE of FATHER (city, state) Burley Ida

4. FULL NAME OF CHILD Marion Leo Little

5. Date of Birth (Month, day year) Mar 21-1909

6. Sex Boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Chas Leo Little
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Ranch (City or town) Kane Co Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Chloe Jolley
17. Color or Race White
18. Age at time of THIS birth 19 yrs
19. Birthplace Mt Carmel (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) AUG 11 1941 (Date received) (b) Marvel Y. Lefler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of ..... }ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Chloe Jolley Little, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Marion Leo Little (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Shilman (Name of attendant at birth), who attended said birth dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Chloe Amanda Little ..... Signature

..... P. O. Address

Subscribed and sworn to before me on this 11th day of Aug. 1941

(SEAL) Agnes Dunn Notary Public, residing at Boise, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

855-109-031-344

#317281

317281

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

AUG

1. PLACE OF BIRTH
(a) County Lewis (b) City near Kamiah.
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City On a farm near Kamiah.
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Kamiah, Idaho

4. FULL NAME OF CHILD John William Henderson

5. Date of Birth (Month, day year) Feb. 9, 1909

6. Sex Male

7. Twin or Triplet No / No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Francis Henderson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Carlinsville, Illinois. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Delle Cumming
17. Color or Race White
18. Age at time of THIS birth 40 yrs
19. Birthplace Fairplay, Colorado. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 4 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) AUG 13 1941 (Date received) (b) Mabel H. Keller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Benton } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie Delle Henderson, being first duly sworn, say that I am related (Related to (or) acquainted with) John William Henderson (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mary Murphy (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Annie Delle Henderson Signature

Blodgett, Oregon. P. O. Address

Subscribed and sworn to before me on this 8th day of August, 1941.

(SEAL) O. J. Shroyer Notary Public, residing at Philomath, Oregon

My Commission Expires June 5, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

295-116-007-619 #317289 317289

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 14 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address Hailey, Idaho

3. RESIDENCE of FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD LaVerne James Bresnahan

5. Date of Birth (Month, day year) Mar. 16, 1909

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leo Michael Bresnahan
11. Color or Race white **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Rensselaer (City or town) Indiana (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business Law

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elinor Ward
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Hailey (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 14 1941 (Date received) (b) Mattie H. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Leo M Bresnahan, being first duly sworn, say that I am father of above child (Related to (or) acquainted with) LaVerne James Bresnahan (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. James Smotham (Name of attendant at birth) who attended said birth as midwife cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Leo M. Bresnahan Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of August 1941
(SEAL) [signature] Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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264-184-022-355

#317297

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

AUG 15 1941

STATE OF IDAHO

State File No. 317297
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Fremont (b) City Kilgore
(c) Street Address or R.F.D.No. Star
(d) Name of Hospital or Maternity Home: at home

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years 9 month 5 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Kilgore
(d) Street Address or R.F.D.No. Star Route
(e) How long has **MOTHER** lived in Idaho? 1st yrs.
(f) Mother's mailing address Kilgore Idaho

3. **RESIDENCE of FATHER** (city, state) Kilgore Ida.

4. **FULL NAME OF CHILD** Argia Walter Boddy

5. Date of Birth (Month, day year) March 24, 09

6. Sex Male Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Argia Boddy
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Dillon (City or town) Mont (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Growing hay + grain

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Mae Tevebaugh
17. Color or Race White
18. Age at time of THIS birth 19 yrs
19. Birthplace Saguache (City or town) Colo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living one
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 15 1941 (Date received) (b) Marvel H. Eller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Benton } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elsie Mae Boddy-Diller being first duly sworn, say that I am related to (Related to (or) acquainted with) Argia Walter Boddy (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ella F. Smith (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Elsie Mae Boddy-Diller Signature
Alsea Oregon P. O. Address

Subscribed and sworn to before me on this 13th day of August, 194.

(SEAL) Notary Public for Oregon E. H. Bailey Notary Public, residing at Corvallis, Oregon
My commission expires Mar. 20, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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955-123-004-296

#317308

317308

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 18 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 18 years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Murray Utah

3. **RESIDENCE of FATHER** (city, state) Murray Ut

4. **FULL NAME OF CHILD** Glen William Reese

5. Date of Birth (Month, day, year) Oct. 23-1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** L. L. Reese
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Bloomington (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Brown
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Alma (City or town) Wyoming (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

AUG 19 1941

26. (a) ____ (Date received) (b) ____ (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, F. E. Brown, being first duly sworn, say that I am Uncle (Related to (or) acquainted with) Glenn William Reese (Name of person on certificate above) as Nephew (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George Ashby (Name of attendant at birth), who attended said birth deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

F. E. Brown Signature
945 Warm Springs Ave. O. Address

Subscribed and sworn to before me on this 19th day of August 1941

(SEAL) Oscar A. Solomonson Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

D 85-123-020-365

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317339
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Elmore (b) City Mountain home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years 10 months 5 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 mos
(f) Mother's mailing address Mountain home Id

3. RESIDENCE of FATHER (city, state) Mountain home Id

4. FULL NAME OF CHILD Bertram Sanford Sherman

5. Date of Birth (Month, day year) June 23rd 1909

6. Sex boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bertram Edward Sherman
11. Color or Race white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Oakland (City or town) - California (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Lonnie
17. Color or Race white 18. Age at time of THIS birth 31 yrs
19. Birthplace Columbus (City or town) - Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to child as ..... (Mother, etc.)

AUG 15 1941

26. (a) ..... (Date received) (b) Mabel H Felder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Walla Walla } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Helen Lonnie Sherman, being first duly sworn, say that I am related to mother of (Related to (or) acquainted with) Bertram Sanford Sherman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that B. Weather (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Helen Lonnie Sherman Signature
102 Birchway Apts P. O. Address

Subscribed and sworn to before me on this 14 day of Aug 1941

(SEAL) C R Forbes Notary Public, residing at Walla Walla Wash

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

386-111-032-795

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317349
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH Lincoln
(a) County ~~Shoshone~~ (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: The birth was at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Shoshone~~ Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Shoshone Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Wilbur Newton Thomas

5. Date of Birth (Month, day year) March 11, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** Harvey Alexander Thomas	16. **FULL MAIDEN NAME** Della Mabel Gregory
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 29 yrs.	18. Age at time of THIS birth 32 yrs.
13. Birthplace Spokane, Wash. (City or town) (State or foreign country)	19. Birthplace Colony, Missouri (City or town) (State or foreign country)
14. Exact Occupation Attorney at Law	20. Exact Occupation House wife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 14 1941 (Date received) (b) Mary E. Feder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of New York
County of Westchester } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Della M. Thomas being first duly sworn, say that I am The mother of Wilbur N. Thomas (Related to (or) acquainted with) (Name of person on certificate above) as Wilbur Newton Thomas whose birth certificate (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wm. H. Baugh, who attended (Name of attendant at birth) said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Della M. Thomas (Mrs. Harvey A.) Signature
18 Stratford Rd. Scarsdale N.Y. Address

Subscribed and sworn to before me on this 12th day of Aug 1941

(SEAL) William Louis Jr. Notary Public, residing at 18 Stratford Rd Scarsdale N.Y.

Notary Public, Westchester Co., Westchester Co. Clerk's No. 1, Columbia Co. Clerk's No. 1

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

BOTH DELAYED

Ref 90, 1909-319016

349-126-018-365

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317355
Local Reg. No. 302
Reg. Dist. No. 120

1. **PLACE OF BIRTH**
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address ~~or R.F.D. No.~~ Government Way
(d) Name of Hospital or Maternity Home Born at Home address
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Same

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** George Francis Currie

5. Date of Birth (Month, day, year) 4/26/09

6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stephen Miles Currie
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Buckingham Canada (City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Toner
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Eau Claire Wis. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) August 12, 1941 (Date received) (b) C. E. Brown, M.D. Deputy (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Anna Elizabeth Currie, being first duly sworn, say that I am related with (Related to (or) acquainted with) George Francis Currie (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dwyer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Elizabeth Currie Signature
101 W. 8th Ave. Spokane, Wash. P. O. Address

Subscribed and sworn to before me on this 11 day of August, 1941

(SEAL) Earl E. Stinson Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

257-103106-432

317370

United States
Department of Commerce
Bureau of Census

AUG 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D.No. 1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 5 years 10 month 2 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D.No. 1
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Shelley Idaho

3. RESIDENCE of FATHER (city, state) Shelley, Ida

4. FULL NAME OF CHILD Albert William Beguin

5. Date of Birth (Month, day year) Jan 3 - 1909

6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnancy 8 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John William Beguin
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Ottawa (City or town) Ill. (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Minnie McKee
17. Color or Race White 18. Age at time of THIS birth 33 yrs
19. Birthplace Brooklyn (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Blanche M. Beguin (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) AUG 6 1941 (Date received) (b) Marvel Keeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Edwin Carter M.D. (D.O., Midwife, etc.)
and address Shelley Ida Date 7-28-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only **BLACK** Ink or **BLACK** Record typewriter ribbon in completing this certificate. Mail **COMPLETED** certificate in envelope bearing **FIRST-CLASS** postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

349-111-440-414

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 6 1941

State File No. 317373
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D.No. Opposite N.P. Depot
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years 8 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D.No. Opposite N.P. Depot
(e) How long has MOTHER lived in Idaho? 8 mo. yrs.
(f) Mother's mailing address Wallace, Idaho

3. RESIDENCE of FATHER (city, state) Wallace, Idaho

4. FULL NAME OF CHILD Ernest Burrelli (now Burrell)

5. Date of Birth (Month, day year) September 11, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full term

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joe Burrelli
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fiama Marie Damenica
17. Color or Race white
18. Age at time of THIS birth 22 yrs
19. Birthplace Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child ..... (Mother, etc.)

26. (a) AUG 6 1941 (Date received) (b) Mabel Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Fiama Marie Portolese, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ernest Burrell (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended said birth cannot be located (Reason why not recorded (or) cannot be located) and that this birth has not been previously recorded.

Witnesses to mark: Mrs. Fiama Marie Portolese Signature
Fiama Marie Burrelli Address

Subscribed and sworn to before me this 8th day of August, 1941

(SEAL) Notary Public, residing at Spokane, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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634-118-028-493

United States
Department of Commerce
Bureau of Census

AUG 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317380
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootnai (b) City Corbin
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnai
(c) City Corbin
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Densil Rufus Oldham

5. Date of Birth (Month, day year) June, 18. 1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Rufus Oldham
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Riley Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma S. Miller
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Clay Center Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ✓ (b) Born alive and now living ✓
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 6 1941 (Date received) (b) Mabel H. Geller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Rufus Oldham being first duly sworn, say that I am ~~the father~~ related to (Related to (or) acquainted with) Denzie Rufus Oldham (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Drennen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Rufus Oldham Signature
East Farms Wash P. O. Address

Subscribed and sworn to before me on this 29 day of July 1941

(SEAL) ..... Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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663-217.009-893

RECEIVED

AUG 9 1941

317397

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In ~~Hosp. or Mat.~~ Home days.
IN THIS county 2 years 10 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D.No. 104 - 1ST - So.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address 104 - 1ST - So.

3. RESIDENCE of FATHER (city, state) Sandpoint, Ida.

4. FULL NAME OF CHILD Helen Marie Folden

5. Date of Birth (Month, day year) Dec. 17, 1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Bernard Folden
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Restaurant Proprietor
15 Industry or Business Restaurant

MOTHER OF CHILD

16. FULL MAIDEN NAME Hanna Elena Hilden
17. Color or Race White 18. Age at time of THIS birth 35 yrs
19. Birthplace Kemis, Finland (City or town) (State or foreign country)
20. Exact Occupation Restaurant Proprietor
21. Industry or Business Restaurant

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 a. M. on the date and at the place stated above, and that personal particulars were furnished by Hattie Nesler (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) Aug 9-1941 (Date received) (b) Marvel N. Geller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of ~~Idaho~~ Wash.
County of ~~Bonner~~ King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hattie Nesler, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Marie Folden (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr John McKinnon (Name of attendant at birth), who attended said birth ~~is now deceased~~ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hattie Nesler
Signature
Route 2 Box 75-3 Kent Wash.
P. O. Address

Subscribed and sworn to before me on this 5th day of August 1941

(SEAL) M. S. Ramsay Notary Public, residing at Kent Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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168-123042.476

317433

United States
Department of Commerce
Bureau of Census

AUG 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D.No. none
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 1 years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D.No. none
(e) How long has MOTHER lived in Idaho? 1 1/3 yrs.
(f) Mother's mailing address Buhl, Idaho

3. RESIDENCE of FATHER (city, state) Buhl Idaho

4. FULL NAME OF CHILD Edward Francis Joyce

5. Date of Birth (Month, day year) Jan 23, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Patrick William Joyce
11. Color or Race Irish
12. Age at time of THIS birth 45 yrs.
13. Birthplace Liverpool (City or town) England (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret McFerran
17. Color or Race Irish
18. Age at time of THIS birth 37 yrs
19. Birthplace Banger (City or town) Ireland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 7 a M. on the date and at the place stated above, and that personal particulars were furnished by Patrick W. Joyce (First name) (Last name), who is related to this child as Father (Mother, etc.).

26. (a) AUG 8 1941 (Date received) (b) Mabel V. Geefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs Carrie E Sherman M.D. (D.O., Midwife, etc.)
and address Buhl Id. Date Jan 23.09

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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113-121-022-793

United States
Department of Commerce
Bureau of Census

AUG 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317436
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Sugar
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years 10 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Sugar
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 2-10 yrs.
(f) Mother's mailing address Sugar, Idaho

3. RESIDENCE of FATHER (city, state) Sugar, Idaho

4. FULL NAME OF CHILD Freeman Bruce Jacobs

5. Date of Birth (Month, day year) Dec. 21, 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leo Jacobs
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Lehi (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Gilchrist
17. Color or Race White 18. Age at time of THIS birth 29 yrs
19. Birthplace Lehi (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 12 1941 (Date received) (b) Mabel Y. Geeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leo Jacobs, being first duly sworn, say that I am ~~father of~~ related to (Related to (or) acquainted with) Freeman Bruce Jacobs (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. R. Shupe (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Florence G. Jacobs Signature
Idaho Falls R#1, Idaho P. O. Address

Subscribed and sworn to before me on this 9 day of Aug, 1941
(SEAL) Jesse Coker Notary Public, residing at Sugar Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

355-109-028-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 11 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 317474
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Spirit Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. in own home
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spirit Lake
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? at 1½ yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Roy Andrew Lee
5. Date of Birth (Month, day, year) Dec. 9, 1909
6. Sex Male
7. ~~Twin or~~ Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Olef Lee
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Transfer Business
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Irma Christina Mattson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ~~One~~ (b) Born alive and now living One
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 11 1941 (Date received) (b) Maud M. Eller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Irma Christina Lee Ring, being first duly sworn, say that I am Mother related to (Related to (or) acquainted with) Roy Andrew Lee (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Irma Christina Lee Ring Signature
3540 S.W. 100 St. Seattle, Wash. P.O. Address

Subscribed and sworn to before me on this 9th day of August 1941
(SEAL) Sue M. Hartley Notary Public, residing at Seattle, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-110-609-251

317493

United States
Department of Commerce
Bureau of Census

AUG 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D.No. Pine Street
(d) Name of Hospital or Maternity Home:
Born in private residence.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home none days.
IN THIS county 1 years 2 month 20 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D.No. Pine Street
(e) How long has MOTHER lived in Idaho? 14 mo.
(f) Mother's mailing address Bonners Ferry, Ida.

3. RESIDENCE of FATHER (city, state) Sandpoint, Ida

4. FULL NAME OF CHILD Fred Beardsley White

5. Date of Birth (Month, day year) Jan. 10, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Blaine White
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ellsworth, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Drygoods Merchant
15. Industry or Business Drygoods Merchant

MOTHER OF CHILD

16. FULL MAIDEN NAME Lulu Beardsley
17. Color or Race White
18. Age at time of THIS birth 24 yrs
19. Birthplace Arlington, Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

26. (a) AUG 12 1941 (Date received) (b) Marvel T. Geiser (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Boundary } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lulu Beardsley White being first duly sworn, say that I am ~~Mother~~ related to (Related to (or) acquainted with) Fred Beardsley White (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above; and that I desire to have the said birth recorded under Chapter 139 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Malcolm McLimmon (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lulu Beardsley White Signature
Bonners Ferry Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of August 1941

(SEAL) J. W. Reed Notary Public, residing at NOTARY PUBLIC RESIDING AT BONNERS FERRY, IDAHO
MY COMMISSION EXPIRES SEPT. 20th 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

462-222-035-493

United States
Department of Commerce
Bureau of Census

AUG 5 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317515
Local Reg. No. 111
Reg. Dist. No. 210

1. PLACE OF BIRTH
(a) County Nez Perce (b) City near Orofino
(c) Street Address or R.F.D. No. Star Route Gilbert
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 13 years 2 month 4 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City near Orofino
(d) Street Address or R.F.D. No. Star Route Gilbert
(e) How long has MOTHER lived in Idaho? 19½ yrs.
(f) Mother's mailing address Gilbert, Idaho
3. RESIDENCE of FATHER (city) Gilbert Idaho

4. FULL NAME OF CHILD Shirley Anne Dobson
5. Date of Birth (Month, day year) Sept. 22 1909
6. Sex Female
7. Twin or Triplet ✓ If so, born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Julian Elihu Dobson	16. FULL MAIDEN NAME Ina Rose Dickson
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 45 yrs.	18. Age at time of THIS birth 38 yrs
13. Birthplace Deloit (City or town) Iowa (State or foreign country)	19. Birthplace Hampshire (City or town) Illinois (State or foreign country)
14. Exact Occupation Farming	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ina R. Dobson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 7-14 (Date received) (b) V. A. Shaw (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Julian Elihu Dob, being first duly sworn, say that I am related to (Related to (or) acquainted with) Shirley Anne Dobson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Boehm (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Julian Elihu Dobson Signature
Orofino Idaho P. O. Address

Subscribed and sworn to before me on this 14 day of July, 1941
(SEAL) [illegible] Notary Public, residing at Orofino Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

459-204042168

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 13 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317553
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. 0
(d) Name of Hospital or Maternity Home: 0
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 5 years 2 months 4 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. 0
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Hanna Wyoming

3. RESIDENCE of FATHER (city, state) 0

4. FULL NAME OF CHILD Pearl Adeline Meilinger

5. Date of Birth (Month, day year) July 4th 1909

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George William Meilinger
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Wilkesbarre (City or town) Penn. (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Johnston
17. Color or Race White
18. Age at time of THIS birth 24 yrs
19. Birthplace Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ----

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% AgNO3
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at Buhl M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Nelson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 13 1941 (Date received) (b) Mabel Y. Eeles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Wyoming
County of Carbon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Nelson, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Pearl Adeline Meilinger (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ross (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Margaret Nelson Signature
Hanna, Wyoming P. O. Address

Subscribed and sworn to before me on this 7th day of August, 1941

(SEAL) Kathryn Peake Notary Public, residing at Hanna, Wyo.

My commission expires February 1, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

652-230029-235

United States
Department of Commerce
Bureau of the Census

AUG 13 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317556
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Potlatch, Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home --- Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 mos. yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Kathryn Hazel West

5. DATE OF BIRTH (Month, day, year) 7/30/09

6. Sex Female **7. Twin or Triplet** --- **If so—born 1st, 2nd, 3rd** --- **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Albert Richard West
11. Color or Race White **12. Age at time of THIS birth** 27 yrs.
13. Birthplace Letchum, Idaho (City or Town) (State or foreign country)
14. Exact Occupation Wholesale lumberman
15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Teresa Blefgen
17. Color or Race White **18. Age at time of THIS birth** 24 yrs.
19. Birthplace Cheney, Wash (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
~~(c) Born alive and now dead~~ 0 ~~(d) Stillborn~~ 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) West (Last name), who is related to this child as mother (Mother, etc.)

26. (a) AUG 13 1941 (Date received) (b) Marvel H. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature J. W. Thompson M.D. (D.O., Midwife, etc.)
and address Moscow Date Aug 6-41.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

769-117003-413

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 13 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317563
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D.No. Gen. Del.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Bancroft
(d) Street Address or R.F.D.No. Gen. Del.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Bancroft, Idaho

3. RESIDENCE of FATHER (city, state) Bancroft,

4. FULL NAME OF CHILD Alvin George Gortcinsky

5. Date of Birth (Month, day year) May 17, 1909

6. Sex Male

7. Twin or Triplet Twins If so—born 1st, 2nd, 3rd Second

8. No. months of Pregnancy Seven

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Rudolph Martin Gortcinsky
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Berlin (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Emelia Dattge
17. Color or Race White
18. Age at time of THIS birth 28 yrs
19. Birthplace Dept. of Hesse, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 13 1941 (Date received) (b) Mabel G. Gelder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emelia Dattge Gortcinsky, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) Alvin George Gortcinsky (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Emily A Gortcinsky Signature
Montpelier Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of August, 1941

(SEAL) ..... Notary Public, residing at Montpelier Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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318691

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [redacted]
Local Reg. No.
Reg. Dist. No.

AUG 15 1941

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Murtaugh
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Murtaugh
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? One yrs.
(f) Mother's mailing address Murtaugh, Idaho

3. RESIDENCE of FATHER (city, state) Murtaugh Id

4. FULL NAME OF CHILD Leona Viola Nelson

5. Date of Birth (Month, day year) April-17-1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Arthur Wilford Nelson	**16. FULL MAIDEN NAME** Ellen Almira Walton
11. Color or Race White **12.** Age at time of THIS birth 20 yrs.	**17.** Color or Race White **18.** Age at time of THIS birth 19 yrs
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)	**19.** Birthplace Richmond, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer	**20.** Exact Occupation Housewife
15. Industry or Business	**21.** Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) AUG 15 1941 (Date received) (b) Mabel H. Feder (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of CALIFORNIA
County of SAN DIEGO } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Mae Smith, nee Schneider, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Leona Viola Woodland, nee Nelson (Name of person on certificate above) as a neighbor at the time of her birth (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the physician (Name of attendant at birth), who attended said birth is unknown to me (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mae Smith
Signature

3760 Acacia St., San Diego, California
P. O. Address

Subscribed and sworn to before me on this 13th day of August, 1941

(SEAL)

Notary Public, residing at Encanto, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

25-120 001843

318703

United States
Department of Commerce
Bureau of the Census

AUG 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318703

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 29th Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county years 5 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Rupert
3. RESIDENCE of FATHER (city, state): Rupert Idaho

4. FULL NAME OF CHILD Richard Henry Seaman
5. Date of Birth (Month, day, year) 20th Feb. 1941
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Henry Seaman
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Osgood (City or town) Missouri (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Dairy

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Alice Hutton
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Bethany (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living 2
(c) Born alive and now dead 3 (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) ____ (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Seaman, being first duly sworn, say that I am The Mother (Related to (or) acquainted with) Richard Henry Seaman (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Bowers (Name of attendant at birth), who attended said birth is dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bertha Seaman Signature
Rupert Ida R 2 Box 143 P. O. Address

Subscribed and sworn to before me on this 12th day of August 19 41

(SEAL) H A Boyer Notary Public, residing at Rupert
Probate Judge

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

Dup of 1909-319082

693-124014152

#318744

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 26 1941

State File No. 318744
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Caldwell, Idaho

3. RESIDENCE of FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD Allen Lee Williams

5. Date of Birth (Month, day year) Apr. 24, 1909

6. Sex Male

7. Twin or Triplet yes If so—born 1st, 2nd, 3rd -1st

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Green Williams
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Springfield RFD (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lee Jessie
17. Color or Race white
18. Age at time of THIS birth 40 yrs
19. Birthplace St. Joe (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum water
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother etc.)

26. (a) AUG 26 1941 (Date received) (b) Mabel F. Geeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Olsen, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Allen Lee Williams (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Young (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth Olsen Signature

Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 26th day of August, 19 41

(SEAL) Mrs. H. J. Thompson Notary Public, residing at Caldwell, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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AUG 20 1941

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
In Hospital or Maternity Home ..... Days
In **THIS** county 2 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address (For registration notice):
Shelley Ida
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Vaughn Curtis Sage

5. **DATE OF BIRTH** (Month, day, year) 7-20-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Cecil Sage

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace Delphis - Kansas
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business at home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Marie Davis

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Delphis, Kansas
(City or Town) (State or foreign country)

20. Exact Occupation Househelper

21. Industry or Business At-home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Cecil Sage (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) AUG 20 1941 (Date received) (b) Maurel V. Keefer (Registrar's signature)

25. Attendant's **OWN signature** Edwin Carter M.D. (D.O., Midwife, etc.)
and address Shelley Date 8-19-41

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 318779
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: AUG 20 1941
(a) County Nez Perce (b) City Gifford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: \
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home \ days.
In THIS county 13 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edwin Lough Jacks
5. Date of Birth (Month, day, year) Nov 3-1909
6. Sex M
7. Twin or Triplet \ \
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse N. Jacks
11. Color or Race w
12. Age at time of THIS birth 36 yrs.
13. Birthplace North Bend Nebr
(City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Grain farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude A. Lough
17. Color or Race w
18. Age at time of THIS birth 29 yrs.
19. Birthplace Eureka Springs Mo
(City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Sol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Jesse N. Jacks (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) Nov 3-1909 (Date received) (b) E. E. Watts (Registrar's signature)

27. Given name added on — by — (Registrar's Signature)

25. Attendant's OWN signature E. E. Watts M.D. (D.O., Midwife, etc.)
and address Gifford Ida Date 8-17-1941

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

SEP 18 1957
APR 19 1974

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications:.....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318802
Local Reg. No. 33
Reg. Dist. No. 140

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Kellogg St.
(d) Name of Hospital of Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS county** years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Julius P. Hall Jr.

5. **DATE OF BIRTH** (Month, day, year) Jan 26 - 1942

6. Sex Male.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 4

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Julius P. Hall

11. Color or Race W.

12. Age at time of THIS birth 23 yrs.

13. Birthplace Sycamore Tr. (City or Town) Calif. (State or foreign country)

14. Exact Occupation Mining Engineer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Brandy.

17. Color or Race W.

18. Age at time of THIS birth 24 yrs.

19. Birthplace Caramelity (City or Town) Nevada (State or foreign country)

20. Exact Occupation HW.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 1 A. M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Hall (First name) (Last name), who is related to this child as ..... (Mother, ~~etc.~~)

26. (a) July-15-41 (date received) (b) John A Beer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** [illegible] M.D. (D.O., Midwife, etc.)
and address ..... Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

415702022-355

318836

United States
Department of Commerce
Bureau of Census

AUG 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Spencer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Confined at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Spencer
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address Spencer, Ida.

3. RESIDENCE of FATHER (city, state) Spencer, Ida

4. FULL NAME OF CHILD William Joseph Davidson

5. Date of Birth (Month, day, year) March 2, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel William Davidson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Jonesboro (City or town) Tennessee (State or foreign country)
14. Exact Occupation Store clerk
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Lee
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Beaver Canyon (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) 9:45 P.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Lee Davidson (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) AUG-20 1941 (Date received) (b) Maurice H. Ellis (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature C. M. Cline M.D. (D.O., Midwife, etc.)
and address Idaho Falls Ida. Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Lee Davidson, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Joseph Davidson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. M. Cline (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah Lee Davidson Signature
Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of August, 1941

(SEAL) Bach Robbins Notary Public, residing at Pocatello, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113 119 022866

#318878

United States
Department of Commerce
Bureau of Census

AUG 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318878
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Birth was in family home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address Rexburg

3. **RESIDENCE of FATHER** (city, state) Rexburg, Ida.

4. **FULL NAME OF CHILD** Ira Robert Jackson

5. Date of Birth (Month, day, year) Sept 19, 1909

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John L. Jackson
11. Color or Race W
12. Age at time of THIS birth 46 yrs.
13. Birthplace Old Town (City or town) Maine (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Hardware Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Hofheir
17. Color or Race W
18. Age at time of THIS birth 37 yrs.
19. Birthplace Levan (City or town) Utah (State or foreign country)
20. Exact Occupation —
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related ..... (Mother, etc.) to child.

AUG 27 1941

26. (a) ..... (Date received) (b) Mabel H Eeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I John L. Jackson, being first duly sworn, say that I am Related (Related to (or) acquainted with) Ira Robert Jackson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mary Watts (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John L Jackson Signature
P. O. Address

Subscribed and sworn to before me on this 27 day of August, 1941.

(SEAL) Rumchetes Notary Public, residing at Boise

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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#318882

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP - 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318882
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Boise (b) City Thunder Cy.
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Pearl Lisanby's Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 90 days.
IN THIS county years month 90 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Thunder City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Thunder City

3. RESIDENCE of FATHER (city, state) Thunder Cy Ida

4. FULL NAME OF CHILD George Howard Liggett

5. Date of Birth (Month, day year) Aug 25, 1909

6. Sex Male Twin or Triplet No If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Heede Liggett
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Vancouver (City or town) Washington (State or foreign country)
14. Exact Occupation Camp Foreman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Vivian Jadsey
17. Color or Race White
18. Age at time of THIS birth 21 yrs
19. Birthplace San Saba (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP - 3 1941 (Date received) (b) Mabel Feeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mattie V. Liggett, being first duly sworn, say that I am related (Related to (or) acquainted with) George Howard Liggett (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Albert Heede Liggett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mattie V. Liggett Signature
Banks, Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of September 1941

(SEAL) Francis Stephens Notary Public for Idaho
Notary Public, residing at Residence: Boise, Idaho
My Commission Expires 4-16-43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 8 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

269-215-025-284

318938

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 25 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. 1405 E. Jefferson
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home ..... days.
IN THIS county Ada years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. 1405 E Jefferson
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address 1405 E Jefferson

3. RESIDENCE of FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Ida Mae Swift

5. Date of Birth (Month, day year) Sept. 15-1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Benjiman Hampton Swift
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Auburn (City or town) Nebraska (State or foreign country)
14. Exact Occupation Making fruit box
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Jane Sydebotham
17. Color or Race white
18. Age at time of THIS birth 29 yrs
19. Birthplace Lucas (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 25-1941 (Date received) (b) Mabel Helder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie J. Swift, being first duly sworn, say that I am the Mother of (Related to (or) acquainted with) Ida Mae Swift (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Tokey (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nellie J Swift Signature
3005 S E 92 ave Portland Ore. P. O. Address

Subscribed and sworn to before me on this 22 day of August 1941

(SEAL) A. Peters Notary Public, residing at Portland Oregon.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

344 13 014 264

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318964
Local Reg. No.
Reg. Dist. No.

AUG 21 1941

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home No days.
IN THIS county No years 6 month 13 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Amos Marrihew Cummings

5. Date of Birth (Month, day year) 5/13/1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edgar Amos Cummings
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Wheatland, Iowa (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Street Paving

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Cathrine Boutieller
17. Color or Race White
18. Age at time of THIS birth 34 yrs
19. Birthplace Nebraska City, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

AUG 21 1941

26. (a) (Date received) (b) Mabel F. Geiler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edgar Amos Cummings, being first duly sworn, say that I am related (Related to (or) acquainted with) Amos Marrihew Cummings (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Clonge (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edgar Amos Cummings Signature
Challis, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of August 1941

(SEAL) A. R. Kirkbride Notary Public, residing at Challis, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 21 1941

State File No. 318966
Local Reg. No.
Reg. Dist. No. 221

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Westlake
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Westlake
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Westlake, Idaho

4. FULL NAME OF CHILD Dale Dunreith Rice

5. Date of Birth (Month, day year) June 27, 1909

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Bernie Rice
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace ..... (City or town) (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business Westlake, Idaho

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Babcock
17. Color or Race White
18. Age at time of THIS birth ..... yrs
19. Birthplace ..... (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum A.g.N.O.3
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10:[illegible] P. M. on the date and at the place stated above, and that personal particulars were furnished by Ada May Larrabee (First name) (Last name) who is related to this child as .....

26. (a) AUG 21 1941 (Date received) (b) Maud H. Geiser (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Ada May Larrabee ~~M.D.~~ (~~Dr.~~, Midwife, ~~etc.~~)
and address Forest, Ida. Date Aug. 19, 1941

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada May Larrabee, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Dale Dunreith Rice (Name of person on certificate above) as Midwife (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ada May Larrabee Signature
Forest Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of August, 1941

(SEAL) Philip Hengerber Notary Public residing at .....

CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER by [illegible] Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

962-113-022-155

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319039
Local Reg. No.
Reg. Dist. No.

Fremont

1. PLACE OF BIRTH
(a) County ~~Madison~~ (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Ida (b) County ~~Madison~~
(c) City Sugar City Fremont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 55 yrs.
(f) Mother's mailing address Sugar City

3. RESIDENCE of FATHER (city, state) Sugar City

4. FULL NAME OF CHILD Elmer Roberts

5. Date of Birth (Month, day year) 18 aug 1909

6. Sex M **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 8 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Horace Ensign Roberts
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Malad (City or town) Ida (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Louise Jensen
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 10 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) Aug 25 1941 (Date received) (b) Mabel Heller (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

~~25.~~ Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Madison }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Martha Louise Jensen Roberts, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elmer Roberts (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. B. Stripe (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martha Louise Jensen Roberts Signature
Sugar Ida P. O. Address

Subscribed and sworn to before me on this 25 day of August, 1941.
(SEAL) J. W. Stoker Notary Public, residing at Sugar Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

854 116 022-329

United States
Department of Commerce AUG 25 1941
Bureau of Census Fremont

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319043
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County MADISON (b) City PLANO-IDA
(c) Street Address or R.F.D. No. R.F.D. 3
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County MADSON
(c) City PLANO
(d) Street Address or R.F.D. No. R.F.D. 3
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address PLANO

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD JOHN-AARON-HEMSLEY

5. Date of Birth (Month, day year) 16 JAN. 1909

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN-HEMSLEY
11. Color or Race WHITE **12.** Age at time of THIS birth 28 yrs.
13. Birthplace MILLCREEK, UTAH (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LEONA BERTHA-CHRISTENSON
17. Color or Race WHITE **18.** Age at time of THIS birth 25 yrs.
19. Birthplace MINKCREEK-FRANKLIN-IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes:
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 2 / (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 11 AM M. on the date and at the place stated above, and that personal particulars were furnished by Mrs G Robertson (First name) (Last name), who is related to this child as friend - (Mother, etc.)

26. (a) Aug 25-194 (Date received) (b) Mabel Hedley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Geo. Hyde MD deceased - M.D. (D.O., Midwife, etc.)
and address ~~Idaho~~: Idaho Falls, Date 8/23/41

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John Hemsley, being first duly sworn, say that I am father (Related to (or) acquainted with) John Aaron Hemsley (Name of person on certificate above) as father- (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Geo. Hyde MD (Name of attendant at birth), who attended said birth is now deceased - (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John Hemsley Signature
Idaho Falls, Idaho. P. O. Address

Subscribed and sworn to before me on this 23rd day of August 1941
(SEAL) Geo. W. Edrington Notary Public, residing at Idaho Falls, I dah
GEO. W. EDRINGTON

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

615-111-035-693

319058

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 25 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Nez Perce

1. PLACE OF BIRTH
(a) County ~~Nez Perce~~ (b) City Near Greer
(c) Street Address or R.F.D. No. Greer Post Office
(d) Name of Hospital or Maternity Home:
Parents res. across Clearwater R. from Greer
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Nez Perce~~
(c) City Near Greer
(d) Street Address or R.F.D. No. Nez Perce
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Greer

3. RESIDENCE of FATHER (city, state) Greer, Ida.

4. FULL NAME OF CHILD Clair Wilson Wanamaker

5. Date of Birth (Month, day year) May 11, 1909

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Albert Wanamaker
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Near Springfield, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer, stock raising
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Ann Wilson
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Near Medicine Lodge, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 25 1941 (Date received) (b) Mary F. Geller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington,
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Myrtle Ann Wanamaker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clair Wilson Wanamaker (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Roe (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Myrtle Ann Wanamaker. Signature
South 17 Lacey Str., Spokane, Wash. P. O. Address

Subscribed and sworn to before me on this 23rd. day of August, 1941
(SEAL) W R Sampson Notary Public, residing at Spokane, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1-29-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432 107 041-913

319064

United States
Department of Commerce
Bureau of Census

AUG 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Teton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Teton Idaho

4. FULL NAME OF CHILD Glen Dora McKinlay

5. Date of Birth (Month, day year) Nov. 7, 1909

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Barkley McKinlay
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Teton Bingham Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Ann Rackham
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ogden Weber Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc)

26. (a) Aug 25-1941 (Date received) (b) Mary Heuser (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Florence Ann McKinlay, being first duly sworn, say that I am related to (Related to (or) acquainted with) Glen Dora McKinlay (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Swenson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Florence Ann McKinlay Signature
408 H Street P. O. Address

Subscribed and sworn to before me on this 22nd day of August 1941

(SEAL) H. L. Brownink, Notary Public, residing at Idaho Falls, Idaho
CLERK OF THE DISTRICT COURT
By Grace McIntosh, Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-29-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315 704028 319

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 27 1941

319067

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. Home
IN **THIS** county years 9 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Ida. (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Coeur d'Alene Home Ida.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Clyde Russel Langdon

5. Date of Birth (Month, day year) Aug 4-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harlan Robert Langdon
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Barabo (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Steam Shovel Engr.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie B. Card
17. Color or Race White
18. Age at time of THIS birth 26 yrs
19. Birthplace Barabo (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 27-1941 (Date received) (b) Mabel Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Montana
County of Flathead } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harlan Robert Langdon, being first duly sworn, say that I am related (Related to (or) acquainted with) Clyde Russel Langdon (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that cannot recall doctor's name (Name of attendant at birth) who attended said birth unknown (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Harlan Robert Langdon Signature

..... P. O. Address

Subscribed and sworn to before me on this 14th day of August, 19 41

(SEAL) Mb Erickle Notary Public residing at

Notary Public for the State of Montana
Residing at Kalispell, Montana
My Commission Expires Dec. 30, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

955-118007 289

319085

United States
Department of Commerce
Bureau of Census

AUG 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D.No. R. F. D.
(d) Name of Hospital or Maternity Home: Ranch Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county 30 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D.No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address R. F. D. Bellevue Idaho

3. **RESIDENCE of FATHER** (city, state) Bellevue

4. **FULL NAME OF CHILD** Thomas Christopher Ivers

5. Date of Birth (Month, day year) Dec. 18, 1909

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Christopher Ivers
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ireland (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Stockman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Catherine Byrne
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 a.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ivers (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) AUG 29 1941 (Date received) (b) Mabel Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Nevada
County of Washoe } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ivers being first duly sworn, say that I am related (Related to (or) acquainted with) Thomas Christopher Ivers (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Thomas Byrne (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Ivers Signature
P. O. Address

Subscribed and sworn to before me on this 13th day of August, 1941

(SEAL) Howard Vanek Notary Public, residing at Reno Nev

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

209-124028-519

United States
Department of Commerce
Bureau of the Census

AUG 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

319107

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Dudley
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Dudley
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address Cataldo, Ida.

3. **RESIDENCE OF FATHER** (city, state) Cataldo, Ida

4. **FULL NAME OF CHILD** Emery Albert Byrne

5. Date of Birth (Month, day, year) May 24, 1909

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Marcellus Byrne
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Kirksville Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Earling
17. Color or Race White
18. Age at time of THIS birth 17 years
19. Birthplace Milwaukee, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 P M. on the date and at the place stated above, and that personal particulars were furnished by Hattie Byrne (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 29 1941 (Date received) (b) Mabel F. Geller (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's X **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marcellus Byrne, being first duly sworn, say that I am related to (Related to (or) acquainted with) Emery Albert Byrne (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Cora E. Norton (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Marcellus Byrne ..... Name
Cataldo, Idaho. ..... P. O. Address

Subscribed and sworn to before me on this 25th. day of August 1941.

(SEAL) L. W. Butler ..... Notary Public, residing at Cataldo, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-3-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be required and filed by the local registrar for record in the Bureau of Vital Statistics [illegible] Chapter 2, Title 48, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

799-104019819

319111

United States
Department of Commerce
Bureau of Census

AUG 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 64 yrs.
(f) Mother's mailing address Mackay, Idaho

3. RESIDENCE of FATHER (city, state) Mackay, Idaho

4. FULL NAME OF CHILD Charles Thomas Pritchett

5. Date of Birth (Month, day year) June 4, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Pritchett
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Jasper County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching and Livestock

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Harris
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Mahnoy City, Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc)

26. (a) Aug 29-1941 (Date received) (b) Mabel B. Keefer (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Pritchett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Thomas Pritchett (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Margaret Harris (Name of attendant at birth), who attended said birth, and who was my mother is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Pritchett Signature
Mackay, Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of August, 1941.
(SEAL) Notary Public, residing at Mackay, Idaho
My Com. Expires. Oct. 16, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 219 001 796

United States
Department of Commerce
Bureau of the Census

AUG 22 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319135
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 154 Brumback
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City 154 Brumback
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise

4. **FULL NAME OF CHILD** Audrey Francis Smith
5. Date of Birth (Month, day, year) Mar. 19-1909
6. Sex F
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy full term
9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Chas B. Smith
11. Color or Race W
12. Age at time of THIS birth 30 yrs.
13. Birthplace Michigan (City or Town) (State or foreign country)
14. Exact Occupation Civil Engineer.
15. Industry or Business U. S.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella S. Crockett
17. Color or Race W
18. Age at time of THIS birth 31 yrs.
19. Birthplace Logan (City or Town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3.15 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ella Smith (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) AUG 22 1941 (Date received) (b) Mabel H Eeles (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's **OWN signature** Otis Brock M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 8-22-41

NOV 2 1942

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

512-103 006-355

AUG 18 1941

319148

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. Idaho Falls
(d) Name of Hospital or Maternity Home: (at home)
(e) Mother's stay **BEFORE** delivery: ~~In Hosp. or Mat.~~ Home 10 days.
IN **THIS** county ~~[illegible]~~ years ~~[illegible]~~ month ~~[illegible]~~ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Idaho Falls
(e) How long has **MOTHER** lived in Idaho? 33 yrs.
(f) Mother's mailing address Idaho Falls

3. **RESIDENCE of FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Norris Pardner Eastman

5. Date of Birth (Month, day, year) Oct 3, 1909

6. Sex male

7. Twin, Triplet, etc. 0 If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Franko Eastman
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Truck gardner
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Jane Teeples
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Holden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead / (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lydia Eastman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Aug 14th 41 (Date received) (b) Maurl H Eefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** [illegible] M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Riverside } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lydia Eastman, being first duly sworn, say that I am related (Related to (or) acquainted with) Norris Pardner Eastman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Clyne ✓ (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lydia Eastman Signature

Hemet P. O. Address

Subscribed and sworn to before me on this 24th day of August, 1941

(SEAL) George Forbes Justice of the Peace ~~Notary Public, residing at~~

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

651 213006-249

319204

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 2 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county two years 6 month 13 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D.No. 144 Water Avenue
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address 3029 Rockefeller Everette, Wash.

3. RESIDENCE of FATHER (city, state) Everette, Wash.

4. FULL NAME OF CHILD Lucille Dellie Weatherley

5. Date of Birth (Month, day year) June 13, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Tom Weatherley
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Bentonville, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Allie Julia Smith
17. Color or Race white
18. Age at time of THIS birth 28 yrs
19. Birthplace Oswego, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at four P.M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) SEP 2 1941 (Date received) (b) Mary E Keller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature Mrs Tom Weatherley M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Washington
~~County of~~ Skagit } ss.

AFFIDAVIT ~~To be~~ completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Allie Julia Weatherly, being first duly sworn, say that I am related (Related to (or) acquainted with) Lucille Dellie Weatherley (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fuller (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Tom Weatherley Signature
Allie Julia Weatherley
3029 Rockerfellow Ave., Everett, Wash. P.O. Address

Subscribed and sworn to before me on this 28 day of August, 19 41

(SEAL) H.O. Davey Notary Public, residing at Anacortes

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

386-107 004 693

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 5 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319228
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county 20 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Bloomington Ida

3. RESIDENCE of FATHER (city, state) Bloomington Idaho

4. FULL NAME OF CHILD Royal Alma Thornock

5. Date of Birth (Month, day year) Sept. 7, 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Ward Thornock
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Bloomington (City or town) Idaho (State or foreign country)
14. Exact Occupation Agriculture
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Ellenor Wilks
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Grays (City or town) Essex England (State or foreign country)
20. Exact Occupation Agriculture
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 3 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Grace (First name) Wilks (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 5 1941 (Date received) (b) Mabel H. Geldes (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Cecil L. Thornock, being first duly sworn, say that I am related to (Related to (or) acquainted with) Royal Alma Thornock (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo. F. Ashley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cecil L. Thornock Signature
Bloomington, Idaho. P. O. Address

Subscribed and sworn to before me on this 1st day of September 1941

(SEAL) Notary Public, residing at Paris, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-4-4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763-124009-259

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 4 1941

State File No. 319248
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Morton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: my home
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Morton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.
(f) Mother's mailing address Sangatrief

3. RESIDENCE of FATHER (city, state) Sangatrief

4. FULL NAME OF CHILD Harry Clyde Potter

5. Date of Birth (Month, day year) Dec 24 1939

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward R. Potter
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Sereno (City or town) Cal. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Seibold
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Romina (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Edward Potter (First name) (Last name), who is related to this child as Father (Mother, etc)

26. (a) SEP 4 1941 (Date received) (b) Harry H. Geisler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Edward R Potter M.D. (D.O., Midwife, etc.)
and address 2210 Charlotte ave. San Gabriel Cal. Date 9-2-41

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Edward R Potter, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harry Clyde Potter (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I was the person (Name of attendant at birth) who attended said birth ..... and that this birth **has not been previously recorded.**
~~(Is now deceased (or) cannot be located)~~

Edward R Potter Signature
2210 Charlotte ave San Gabriel Cal. P/O. Address

Subscribed and sworn to before me on this 2nd day of Sept, 1941.
(SEAL) Jesse B. Blue Notary Public, residing at Rosemead, Cal.
my comm expires 7/25/43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1-8-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 18 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: N.W. Home at Ranch
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ~~xxx~~ 13 yrs.
(f) Mother's mailing address (For registration notice): Gooding
(Street or R.F.D.) Gooding (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Ruth Victoria Worden

5. **DATE OF BIRTH** (Month, day, year) Feb. 27. 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Guy Prentiss Worden

11. Color or Race white

12. Age at time of THIS birth 26 yrs.

13. Birthplace Ogden (City or Town) Utah (State or foreign country)

14. Exact Occupation Stockman

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Sophia ~~xxxxxxx~~ Bostrom

17. Color or Race white

18. Age at time of THIS birth 25 yrs.

19. Birthplace Chicago (City or Town) Ill. (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living ~~xx~~ 1
(c) Born alive and now dead / (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Sophia Worden (First name) (Last name), who is related to this child as mother (Mother, etc.) and was attended by her mother who is now deceased.

26. (a) SEP 18 1941 (Date received) (b) Marvel Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Ruth Sophia Worden MD. (~~D.O., Midwife, etc.~~)
mother
and address Gooding, Idaho Date 9-17-1941

Subscribed and sworn to, September 17, 1941, before me, the undersigned a Notary Public, State of Idaho (My Comm. Expires Dec. 2, 1944 Lieuche

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

966-217035-297

United States
Department of Commerce
Bureau of Census Nez Perce

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319340
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 5 years ..... month ..... days

SEP 10 1941

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Nezperce, Idaho

3. RESIDENCE of FATHER (city, state) Nezperce, Idaho

4. FULL NAME OF CHILD Lillian Margaretta Rowe

5. Date of Birth (Month, day year) Feb. 17th 1909

6. Sex female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Wellington Rowe
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Conover, North Carolina (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Ann Sigman
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Conover, North Carolina (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 10 1941 (Date received) (b) Mary E. Eeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Laura Ann Sigman Rowe, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lillian Margaretta Rowe (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Taylor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Laura Ann Sigman Rowe Signature
Nezperce, Idaho P. O. Address

Subscribed and sworn to before me on this 29th day of August, 1941.
(SEAL) Paul Hornman Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235 713 042 466

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319360
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Buhl

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Howard Stevens

5. Date of Birth (Month, day year) June 13, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edgar Stevens
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Middletown, California (City or town) (State or foreign country)
14. Exact Occupation Insurance
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lavinia Alice Moore
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace St. Louis, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 9/30/41 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lavinia Alice Moore Stevens, being first duly sworn, say that I am related to (Related to (or) acquainted with) Howard Stevens (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Alfred McClusky, M. D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lavinia Alice Stevens Signature
P. O. Address

Subscribed and sworn to before me on this 6th day of November 1941
(SEAL) Marion E. Orr Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315 111 022 314

319374

United States
Department of Commerce
Bureau of Census

SEP 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Rigby
(c) Street Address or R.F.D. No. no street number
(d) Name of Hospital or Maternity Home: in own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rigby
(d) Street Address or R.F.D. No. no st. number
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Rigby, Idaho

3. RESIDENCE of FATHER (city, state) Rigby, Idah

4. FULL NAME OF CHILD Joseph Dwight Langtry

5. Date of Birth (Month, day year) April 11, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7½

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Arbuckle Langtry
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Auxvasse (City or town) Missouri (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business Drug Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Josephine Campbell
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Rosette, Park Valley, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) SEP 11 1941 (Date received) (b) (Mother, etc.) Mabel T. Eulen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Joseph A. Langtry, being first duly sworn, say that I am related (Related to (or) acquainted with) Joseph Dwight Langtry (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. A. Anderson (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Joseph A. Langtry Signature
111 North Main Ashland Ore. P. O. Address

Subscribed and sworn to before me on this 9th day of September 1941.
(SEAL) M. S. Belcher Notary Public, residing at Ashland - Ore.
commission expires Feb. 3, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

546-229 030-281

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 14 1964

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319387
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Salmon,
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 15 days. Private Home
IN **THIS** county 14 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon,
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Salmon, Idaho

3. RESIDENCE of FATHER (city, state) Salmon, Idaho

4. FULL NAME OF CHILD Dorothy Alice Edwards

5. Date of Birth (Month, day year) Sept. 29, 1909

6. Sex Female

7. Twin or Triplet One If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Guy Edwards
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Salmon, Idaho (City or town) (State or foreign country)
14. Exact Occupation Ranching & Cattle raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Shanafelt
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Nesbit Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sept 10-1941 (Date received) (b) Mary M Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alice Shanafelt Edwards being first duly sworn, say that I am related to (Related to (or) acquainted with) Dorothy Alice Edwards (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr J. S. Wright (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alice Shanafelt Edwards Signature
Salmon Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of September 1941
(SEAL) Maurine E. McBride Notary Public, residing at Salmon Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-11-49

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-208030 613

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 5 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **319404**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Salmon, Idaho

3. RESIDENCE of FATHER (city, state) Salmon, Idaho

4. FULL NAME OF CHILD FLORENCE VIRGINIA LEWIS

5. Date of Birth (Month, day year) Dec. 8, 1909

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ERNEST CLEVELAND LEWIS
11. Color or Race WHITE
12. Age at time of THIS birth 58 yrs.
13. Birthplace MISSOURI (City or town) (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business MINING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ANN WALLACE
17. Color or Race WHITE
18. Age at time of THIS birth 42 yrs.
19. Birthplace PORTAGE (City or town) WISCONSIN (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 5 1941 (Date received) (b) Mabel H. Geller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, MARY ANN WALLACE LEWIS, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) FLORENCE VIRGINIA LEWIS (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. F. S. WRIGHT (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Ann Wallace Lewis Signature
SALMON, IDAHO P. O. Address

Subscribed and sworn to before me on this 3rd day of SEPTEMBER, 1941
(SEAL) Maurine C. McBride Notary Public, residing at SALMON, IDAHO

K

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-13-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-214 035-769

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 12 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319416
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Near Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years 2 month 12 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 112-16th Ave.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address 112-16th Ave. Lewiston, Ida.

3. RESIDENCE of FATHER (city, state) Lewiston, Idaho

4. FULL NAME OF CHILD Parthena Jane White

5. Date of Birth (Month, day year) Sept. 14, 1909

6. Sex Female

7. Twin or Trip'et — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Hester White
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Collector and land agent for Collmer interests
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Parthena Porter
17. Color or Race white
18. Age at time of THIS birth 31 yrs
19. Birthplace Shedd (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

SEP 12 1941

26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dora P. White, being first duly sworn, say that I am related to (Related to (or) acquainted with) Parathena Jane White (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ehllen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Dora P. White Signature

Rt. 1, Lewiston, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of September, 1941

(SEAL) Peter E. Sullivan Notary Public, residing at Lewiston, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

459-109-042 219

WRITE PLAINLY WITH UNFADING INK. PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

SEP 10 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

319432

1. PLACE OF BIRTH
County of Twin Falls
City of Buhl
No. 412 Thirteenth Ave S.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Henry Merrill

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth Dec. 9, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Charles Chester Merrill	18. Full maiden name: May Esa Bazzell
10. Residence (usual place of abode) (If non-resident, give place and State): Buhl, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Buhl, Idaho
11. Color or race: White; 12. Age at last birthday: 28 (years)	20. Color or race: White; 21. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Joliet, Illinois	22. Birthplace (city or place) (State or Country): Rosse, Texas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: grocery clerk	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Swanner Mercantile Co	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: 12-9-, 1909; 17. Total time (years) spent in this work: 6 yrs.	25. Date (month and year) last engaged in this work: ....., 19..; 26. Total time (years) spent in this work: 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed SEP 10 1941, 193.. Marion F. Keefer Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

SEP 10 1941

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Charles Chester Merrill being first duly sworn says that he is the father of Charles Henry Merrill
(Relationship of child)*

born Dec 9, 1909 at Buhl, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Charles Henry Merrill hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Rees / Mrs Jemima Nelson M. D. was the Midwife medical attendant at the birth of said Charles Henry Merrill and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Charles Chester Merrill

P. O. Address Buhl, Idaho

Subscribed and sworn to before me this 30 day of October, 1940

John M. Parker
Notary Public.

Residing at Buhl, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 17 1941

791-218-040-461

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

319433

SEP 10 1941

1. PLACE OF BIRTH

County of

City of Wallace Idaho

No. St.

Osey Protestant Hospital

(If born in hospital or institution give name.)

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Ethel Alice Grady

3. Sex female

If plural births { 4. Twin, triplet, or other no
5. Number, in order of birth no

6. Premature —
Full term no

7. Legitimate? Yes

8. Date of birth Aug 18, 1909 (Month, Day, Year)

FATHER

9. Full name Lawrence Douglas Grady

10. Residence (usual place of abode) (If non-resident, give place and State) Wallace Idaho

11. Color or race White | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Boulder, Montana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. G. A. T. Ulfen Grocery Store

16. Date (month and year) last engaged in this work ~~Dec~~ Still 1909

17. Total time (years) spent in this work one year

MOTHER

18. Full maiden name Effie Jean Moats

19. Residence (usual place of abode) (If non-resident, give place and State) Wallace Idaho

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Wright County Minnesota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Still 19

26. Total time (years) spent in this work nine months

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation no { months or weeks

30. Cause of Stillbirth no { Before labor no
During labor no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at m. on the date above stated.

(Signed) Chas. E. Sear, M. D.

or , Midwife

Address Medical Arts Bldg, Portland, Oregon

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

Filed Sept 16, 1941 Marvel H. Geeler
Registrar.

918-109 042-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

319443

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Win Falls (b) City Twin Falls
(c) Street Address or R F.D No. 3rd ave east
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 38 yrs.
(f) Mother's mailing address as Above
3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Louis Matzen Hahn
5. Date of Birth (Month, day, year) Jan.9th 1909
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy X
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carl Joachim Hahn
11. Color or Race W
12. Age at time of THIS birth 44 yrs.
13. Birthplace Norden (City or town) Germany (State or foreign country)
14. Exact Occupation Banker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Matzen
17. Color or Race W
18. Age at time of THIS birth 37 years
19. Birthplace Moline, Illionois (City or town) (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2.30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs C.J.Hahn (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Sept. 8th 1941 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Twin Falls, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs C.J.Hahn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Louis Matzen Hahn (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr.T.O.Bond (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Mrs C.J.Hahn ..... Name
Twin Falls, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 8th day of September 1941

(SEAL) Harry E. Gates ..... Notary Public, residing at Twin Falls, Idaho
My Com. Expires May-10th-1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849 / 25001 / 235

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319450
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 145 W. IDAHO ST.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. 145 W. IDAHO
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address 145 W. IDAHO ST.

3. RESIDENCE of FATHER (city, state) BOISE IDA.

4. FULL NAME OF CHILD ROSS GROVE HURTT

5. Date of Birth (Month, day year) JULY 25-1909

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME CLARENCE BERTRAM HURTT
11. Color or Race WHITE **12.** Age at time of THIS birth 38 yrs.
13. Birthplace CERRO GORDO (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME JESSIE STERRY
17. Color or Race WHITE **18.** Age at time of THIS birth 34 yrs.
19. Birthplace PONTIAC (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 10 1941 (Date received) (b) Mary E. Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jessie Hurtt, being first duly sworn, say that I am ..... (Related to ~~(or) acquainted with~~) Ross Grove Hurtt (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. L. P. McCallen (Name of attendant at birth), who attended said birth deceased (Is now deceased ~~(or) cannot be located~~) and that this birth **has not been previously recorded.**

Jessie Hurtt Signature
Parma Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of September, 1941
(SEAL) E. Kirk, Notary Public, residing at Parma Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-231001651

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319451
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. 107 Warm Springs ave
(d) Name of Hospital or Maternity Home: Home of parents
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home none days. IN THIS county 2 years – month – days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. 107 Warm Springs ave
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address 107 Warm Springs ave

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Myrtle Beatrice Jacobs

5. Date of Birth (Month, day year) Aug 31-1909

6. Sex female Twin or Triplet no If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	William Howard Jacobs	16. FULL MAIDEN NAME	Sarah Madeline Weaver
11. Color or Race	white	17. Color or Race	white
12. Age at time of THIS birth	34 yrs.	18. Age at time of THIS birth	22 yrs
13. Birthplace (City or town)	21 (State or foreign country) Wisconsin	19. Birthplace (City or town)	Near Meeker (State or foreign country) Colo
14. Exact Occupation	Laborer	20. Exact Occupation	Housewife
15. Industry or Business	none	21. Industry or Business	none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Madeline Weaver (First name) now Mrs. J. M. Jensen (Last name), who is related to this child as mother (Mother, etc.).

26. (a) SEP 10 1941 (Date received) (b) Maud H. Geeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature X Mina G. Aldrich M.D. (D.O., Midwife, etc.)
and address Boise, Ida. Date

State of Utah
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

254-122028-613

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 9 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319458
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho, (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Harrison Idaho

4. FULL NAME OF CHILD Andrew Lee Knutsen

5. Date of Birth (Month, day year) Aug 22. 1909

6. Sex **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Lee Knutsen
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Arcadia (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel A Waldo
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Ellsworth (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead / (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at Harrison M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) SEP 11 1941 (Date received) (b) Mabel H. Geider (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Mrs Lee Knutsen M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mable A. Knutsen, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Andrew Lee Knutsen (Name of person on certificate above) as his Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Busby, (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Lee Knutsen Signature
Springston Idaho P.O. Address

Subscribed and sworn to before me on this 5 day of September 1941 19

(SEAL) M. A. Kroger Notary Public, residing at Harrison.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-108044168

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

SEP 10 1941 STATE OF IDAHO

319466

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D.No. Rt # 3
(d) Name of Hospital or Maternity Home: none -
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home - days. IN **THIS** county 1 years - month - days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D.No. # 3
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address now deceased-1918

3. **RESIDENCE of FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** William Ethel Corbett

5. Date of Birth (Month, day year) 1-8-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9 mon

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Roger Corbett
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Weiser, Idaho. (City or town) (State or foreign country)
14. Exact Occupation Farmer -
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Johnston
17. Color or Race white
18. Age at time of THIS birth 25 yrs
19. Birthplace Smith Center, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum -
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5 (c) Born alive and now dead none (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date SEP 1 and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 10 1941 (Date received) (b) Marvel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Canyon. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Roger Corbett, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Ethel Corbett (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Young (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John Roger Corbett ..... Signature
Weiser Idaho ..... P. O. Address

Subscribed and sworn to before me on this 5th day of September, 1941

(SEAL) F.W. Jarvis Notary Public, residing at Caldwell.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319469
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D.No. North Arthur
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery: Own Home
In Hosp. or Mat. Home ..... days.
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D.No. N. Arthur
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address North Arthur

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Thomas Benjamin Logan

5. Date of Birth (Month, day year) July-19-1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	John Thomas Logan	16. FULL MAIDEN NAME	Beatrice alice Ward
11. Color or Race	white	17. Color or Race	White
12. Age at time of THIS birth	28 yrs.	18. Age at time of THIS birth	27 yrs
13. Birthplace (City or town) (State or foreign country)	Halstead Kans. Harvey	19. Birthplace (City or town) (State or foreign country)	Sparrows Point Md.
14. Exact Occupation	Loco Engineer	20. Exact Occupation	House wife
15. Industry or Business	Railroad	21. Industry or Business	

22. Name ~~prophylactic used to prevent~~ Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sept 10-1941 (Date received) (b) Mabel H. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. ~~Attendant's~~ OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Beatrice Alice Logan, being first duly sworn, say that I am related (Related to (or) acquainted with) Thomas Benjamin Logan (Name of person on certificate above) mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that H. A. Castle (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Beatrice Alice Logan ✗ Signature
..... P. O. Address

Subscribed and sworn to before me on this 8th day of September, 1941

(SEAL) Notary Public in and for the County of Los Angeles, State of California

Notary Public, residing at 4816 Autumn No. Hollywood Calif.

My Commission Expires Jan. 24, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319484
Local Reg. No.
Reg. Dist. No.

319484

1. **PLACE OF BIRTH:** (a) County Shoshone (b) City Kellogg
(c) Street Address or R F.D No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county 5 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Kellogg Idaho

3. **RESIDENCE OF FATHER** (city, state) Kellogg Idaho

4. **FULL NAME OF CHILD** Dorothy Mae Walden

5. Date of Birth (Month, day, year) Oct 17, Sun 1937

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Arthur Walden
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Salem Community Nebraska (City or town) (State or foreign country)
14. Exact Occupation Railroad clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mae Elizabeth Baldwin
17. Color or Race white
18. Age at time of THIS birth 37 years
19. Birthplace Olympia, Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mae E. Ormen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dorothy Mae Walden (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George Kenneth (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mae E. Ormen ..... Name
1227 S. Wilmore, Los Angeles, Calif. ..... P. O. Address

Subscribed and sworn to before me on this 29 day of August

(SEAL) Mary Rogers Notary Public, residing at Los Angeles, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

- (1937 Session Laws, Chapter 139, Section 4)

[redacted]th of a child born prior to the effective date of Chap-
[redacted]sion Laws, has not been recorded, or in case of failure
[redacted]th which has occurred subsequent to such date, such
[redacted]ceived and filed by the local registrar for record in
[redacted]tal Statistics for the purposes and uses prescribed in
[redacted]38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319487
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county 7 years 1 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Victor De Grey Shurtleff
5. Date of Birth (Month, day year) July 4, 1909
6. Sex Male
7. Twin or Triplet
If so, born 6th ~~1st, 2nd, 3rd~~
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Horace Lunan Shurtleff
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Harrisville (City or town) Weber Co Utah (State or foreign country)
14. Exact Occupation Clerk Gen. Merchandise
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Inga Hegsted
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Huntsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) Sept 17-1941 (Date received) (b) Maud F Felder (Mother, etc.) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Weber } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Horace Lunan Shurtleff being first duly sworn, say that I am Related (Related to (or) acquainted with) Victor De Grey Shurtleff (Name of person on certificate above) as his Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that George Hyde M.D., (Name of attendant at birth) who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Horace L. Shurtleff Signature
R.D. 3 Box 354 Ogden, Utah P. O. Address

Subscribed and sworn to before me on this 15 day of September 1941
(SEAL) P. P. Brown Notary Public, residing at Ogden
My Commission Expires Oct. 12, 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

SEP 6 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319488
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At home in Hugginsville Idaho
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home days. IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Huggsville Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Erma Bell Cordingley - Hansen

5. Date of Birth (Month, day year) April 25, 1909

6. Sex Girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME E.E. Cordingley	16. FULL MAIDEN NAME Annie Octavia Keller
11. Color or Race White 12. Age at time of THIS birth 35 yrs.	17. Color or Race White 18. Age at time of THIS birth 22 yrs
13. Birthplace Monroe (City or town) Utah (State or foreign country)	19. Birthplace Montreal Bear Elder Co. Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Home wife
15. Industry or Business //	21. Industry or Business //

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 6 1941 (Date received) (b) Mabel Heller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. M. Humphreys, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Erma Bell Cordingley Hansen (Name of person on certificate above) as neighbor (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emily Lambourn (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

W. M. Humphreys Signature
Ashton, Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of August 1941
(SEAL) Paul P. Stone Notary Public, residing at Ashton, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 8 1941

State File No. 319511
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ST ALPHONSUS HOSPITAL
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 1 days. IN **THIS** county years 8 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 ½ yrs.
(f) Mother's mailing address BOISE IDAHO

3. RESIDENCE of FATHER (city, state) BOISE IDAHO

4. FULL NAME OF CHILD MARGUERITE IRVA LAING

5. Date of Birth (Month, day year) DEC. 25, 1909

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** STEPHEN D. LAING
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace CASS COUNTY (City or town) IOWA (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HARRIET MARGARET WILLOUGHBY
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace MADISON COUNTY (City or town) KENTUCKY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 2:20 AM. on the date and at the place stated above and that personal particulars were furnished by H. MARGARET LAING (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) SEP 8 1941 (Date received) (b) Mabel Heeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Harriet Margaret Laing, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Marguerite Irva Laing (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McCulla (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Harriet Margaret Laing — Signature
1216 W. Alhambra Rd. Alhambra Calif. — P. O. Address

Subscribed and sworn to before me on this 3rd day of September, 1941.
(SEAL) Marguerite Stacy — Notary Public, residing at Alhambra, California
My Commission Expires July 22, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

SEP 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319552
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Newport
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. at home
IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Newport
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? Born yrs.
(f) Mother's mailing address Newport Idaho

3. RESIDENCE of FATHER (city, state) Newport Idaho

4. FULL NAME OF CHILD Kenneth Foster Strayer

5. Date of Birth (Month, day year) Feb 2 - 1909

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Farris Effingh Strayer
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Anna Shively
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 17 1941 (Date received) (b) Marie Feeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Pend Oreille } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Farris E. Strayer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Kenneth Foster Strayer (Name of person on cerificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. T. Phillips (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Farris E. Strayer Signature
Newport, Wn. P. O. Address

Subscribed and sworn to before me on this 15th day of September, 1941.

Court Commissioner (SEAL) Albert T. Strayer ~~Notary Public~~, residing at Newport Wn.
Pend Oreille County Court Commissioner
Pend Oreille Co.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313 205 026 352

Delayed Report

United States
Department of Commerce
Bureau of Census

SEP 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319586
Local Reg. No. 152
Reg. Dist. No. 641

1. PLACE OF BIRTH
(a) County JEFFERSON (b) City RIGBY
(c) Street Address or R.F.D. No. ROUTE 1
(d) Name of Hospital or Maternity Home: BORN AT RESIDENCE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home X days. IN **THIS** county 18 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County JEFFERSON
(c) City RIGBY
(d) Street Address or R.F.D. No. ROUTE #1
(e) How long has **MOTHER** lived in Idaho? 38 yrs.
(f) Mother's mailing address RIGBY, IDAHO
3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD EDNA CALL
5. Date of Birth (Month, day year) DEC. 5, 1909
6. Sex FEMALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** ALONZO CALL
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace WILLARD (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business Farmer

MOTHER OF CHILD
16. **FULL MAIDEN NAME** LUCY ELVIRA LESSEY
17. Color or Race WHITE
18. Age at time of THIS birth 38 yrs.
19. Birthplace WILLARD (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 1%
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8 (c) Born alive and now dead 1 (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was b. alive (born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Lucy Elvira Call (First name) (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) 8/28/41 (Date received) (b) Miss A B Eckwell (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature H. A. Anderson M.D. (D.O., Midwife, etc.) and address Rigby, Idaho Date 8-22-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States Department of Commerce Bureau of Census

SEP 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319599

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) ~~City~~ Near Roswell, Idaho
(c) Street Address or R.F.D. No. on Rural Route
(d) Name of Hospital or Maternity Home: Born in farm home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home none days. IN **THIS** county 2 years -- month -- days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Near Roswell, Idaho
(d) Street Address or R.F.D. No. R. R.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Roswell, Idaho.

3. RESIDENCE of FATHER Present Mitchellville, Iowa.

4. FULL NAME OF CHILD Bernard Irving Coply

5. Date of Birth (Month, day year) Sept. 30, 1909

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Coply
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Near Mitchellville (City or town) Iowa (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Belle Irving
17. Color or Race White
18. Age at time of THIS birth About 34 yrs.
19. Birthplace Near Atlantic (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Household.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know if any was used.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 23 1941 (Date received) (b) Mabel E. Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature (Deceased) M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jess Baker, being first duly sworn, say that I am an uncle (Related to (or) acquainted with) Bernard Irving Coply (Name of person on certificate above) as my nephew (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. J. Cluen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded. This child was born in my house, and I was present at the birth

Jess Baker Signature

Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of September 1941

(SEAL) Earl Anderson Notary Public, residing at Parma, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

SEP 27 1941

(Be sure this information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319615
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Emmett Idaho

4. FULL NAME OF CHILD James Edward Milton Bigham

5. Date of Birth (Month, day year) Nov 5 1909

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Term

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Bigham
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Emmett (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Gertrude Hurst
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Richland (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) SEP 27 1941 (Date received) (b) Mabel I. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature R. R. Cummings M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319629
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai RECEIVED (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Rt. 2, Coeur d'Alene

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Alvin Wayne Trull

5. Date of Birth (Month, day year) 1-31-09

6. Sex M.

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dover N. Trull
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace North Carolina (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Cornelia McFee
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Buncombe County, N. C. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 22 1941 (Date received) (b) Mrs. H. Fielder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)
RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Hattie Cornelia Trull-Cook being first duly sworn, say that I am mother (Related to (or) acquainted with) Alvin Wayne Trull (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hattie Cornelia Cook Signature
Route #2, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on the 13th day of September 1941.

(SEAL) NOTARY PUBLIC FOR THE STATE OF IDAHO RESIDING AT COEUR D'ALENE, IDAHO MY COMMISSION EXPIRES SEPT. 20, 1941

Notary Public, residing at Coeur d'Alene, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? nine yrs.
(f) Mother's mailing address P. O. Box

3. RESIDENCE of FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Melvin Flernoy Stewart, Jr.

5. Date of Birth (Month, day year) Sept. 7 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Melvin Flernoy Stewart, Jr.
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Rye Cove, Virginia (City or town) (State or foreign country)
14. Exact Occupation Farmer- stockman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Ellen Davidson
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Rye Cove, Virginia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 30 1941 (Date received) (b) Mabel Fe Lefler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Melvin Flernoy Stewart Sr., being first duly sworn, say that I am related to (Related to (or) acquainted with) Melvin Flernoy Stewart Jr. (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Lewis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Melvin Flernoy Stewart Signature
Rt 4, Box, Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of September, 1941
(SEAL) Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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SEP 18 1941 693-111-014 249

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319651
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Caldwell-Ida

4. FULL NAME OF CHILD LeRoy Arthur Wilkerson

5. Date of Birth (Month, day year) Oct-11-1909

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur W Wilkerson
11. Color or Race Anglo Saxon **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Branningburgh Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Elizabeth Smith
17. Color or Race Anglo Saxon **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Haddam Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont Know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 18 1941 (Date received) (b) Mabel H Leeper (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Arthur W Wilkerson being first ~~duly~~ sworn, say that I am the Father (Related to (or) acquainted with) LeRoy Arthur Wilkerson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Henry (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Arthur W Wilkerson Signature
Notus Idaho P. O. Address

Subscribed and sworn to before me on this 17 day of September, 1941.
(SEAL) R O Leeper Notary Public, residing at Notus Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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238-101 025-397

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319653
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Grangeville
(c) ~~Street Address~~ or R.F.D. No. 3
(d) ~~Name of Hospital or Maternity Home~~:
(e) Mother's stay **BEFORE** delivery:
~~In Hosp. or Mat. Home~~ ..... days.
IN **THIS** county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) ~~Street Address~~ or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Grangeville

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Kenneth Schnell

5. Date of Birth (Month, day year) July 1, 1909

6. Sex male

7. Twin or Triplet ~~If so—born~~ 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Peter Schnell
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Saginaw (City or town) Mich (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zoe Maud Tilley
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Oklahoma (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) ~~Born alive and now dead~~ (d) ~~Stillborn~~

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, ~~stillborn~~) at 11 - A. M. on the date and at the place stated above, and that personal particulars were furnished by Zoe (First name) Schnell (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Sept 15 - 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by SEP 15 1941 (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Zoe Maud Schnell (Name of person on certificate above) being first duly sworn, say that I am ~~mother~~ related (Related to (or) acquainted with) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Shisler (Name of attendant at birth), who attended said birth cannot be located (~~is now deceased (or)~~ cannot be located) and that this birth **has not been previously recorded.**

Zoe Maud Schnell Signature
3930-33 St San Diego P. O. Address

Subscribed and sworn to before me on this 4th day of September 1941
(SEAL) M. E. Williams Notary Public, residing at Sandiego Calif.

My Commission Expires Aug. 6, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268 229 007 289

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319657
Local Reg. No. 736
Reg. Dist. No. 410

SEP 15 1941

1. **PLACE OF BIRTH**
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Hailey, Idaho

3. **RESIDENCE of FATHER** (Hailey), Idaho

4. **FULL NAME OF CHILD** Louise Katherine Boyd

5. Date of Birth (Month, day, year) 10-29-1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Francis Boyd
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Quebec (City or town) Quebec, Canada (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Byrne
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Newark (City or town) New Jersey (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argno3
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Mary Boyd (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 9-4-1941 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Boyd, being first duly sworn, say that I am related to (Related to (or) acquainted with) Louise Katherine Boyd (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Boyd — Signature
Hailey Idaho — P. O. Address

Subscribed and sworn to before me on this 9th day of September, 1941

(SEAL) R. D. McCoy — Notary Public, residing at Hailey Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 208 044 - 713

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319678
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 29 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Midvale, Idaho

3. RESIDENCE of FATHER (city, state) Midvale, Ida

4. FULL NAME OF CHILD Olive Anita Miller

5. Date of Birth (Month, day year) Dec. 8, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ira Andrew Miller
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Barton Co., (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Bell Palmer
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Midvale (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this ~~child, who was~~ born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

Mrs. Ella Stewart who was the midwife is now deceased

26. (a) Sept 15-1941 (Date received) (b) SEP 15 1941 Mary T. Kelly (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Coos } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rosa Bell Miller, being first duly sworn, say that I am related to (Related to (or) acquainted with) Olive Anita Miller (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ella Stewart (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Rosa Bell Miller Signature
North Bend, Oregon P. O. Address

Subscribed and sworn to before me on this 10th day of September 1941

(SEAL) NOTARY PUBLIC Notary Public, residing at North Bend, Ore.

My Commission Expires Oct. 30, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-214 028-231

319717

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 17 1941

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Coeur d'Alene Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ? days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Wash. (b) County Spokane
(c) City Greenacres
(d) Street Address or R.F.D. No. ?
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Gen Del.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Clara Cecile Dority.

5. Date of Birth (Month, day year) Oct-14-1909.

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 7 1/2

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Cecil-Wilber Dority
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Monticello (City or town) Iowa (State or foreign country)
14. Exact Occupation Telegrapher
15. Industry or Business Railroad.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret-Etta Blaine
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Brownsville (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2 (c) Born alive and now dead 3 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, [redacted]) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 17 1941 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature John Allen M.D. (D.O., Midwife, etc.)
and address Coeur d'Alene, Ida. Date Sep. 21 41.

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-209022-699

319725

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 18 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Madison~~ Fremont (b) City Thornton
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
In the home on a farm
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 31 years 11 month 22 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Madison~~ Fremont
(c) City Thornton
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 31 yrs.
(f) Mother's mailing address Thornton

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Mary Ellen Williams

5. Date of Birth (Month, day year) Dec. 9th 1909

6. Sex Female **7.** Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____ **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Morgen Williams
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Murrey (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annis Elnora Firth
17. Color or Race White 18. Age at time of THIS birth 37 yrs
19. Birthplace SouthWeaber (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at P M. on the date and at the place stated above, and that personal particulars were furnished by Annis Elnora Williams (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) SEP 18 1941 (Date received) (b) Mabel H. Eccles (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annis Elnora Williams, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Mary Ellen Williams (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth — (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Annis Elnora Williams Signature
Los Angeles California P. O. Address

Subscribed and sworn to before me on this 8th day of September, 1941

(SEAL) Maud E. Brown. Notary Public, residing at Los Angeles

My Commission Expires Feb. 20, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

294-201-001-418

319745

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 19 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1014 Jefferson
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1014 Jefferson
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Elizabeth Susan Bruce ~~Todd~~

5. Date of Birth (Month, day year) Oct 1 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Whitly Bruce

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Bray (City or town) Ireland (State or foreign country)

14. Exact Occupation Cattle Business

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose May

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Portland (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

26. (a) SEP 19 1941 (Date received) (b) Rose May Bruce (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of Oregon
County of Multomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rose May Bruce Rice, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Elizabeth Susin Bruce ~~Todd~~ (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. L.S. Bowers (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rose May Bruce Rice Signature
P. O. Address

Subscribed and sworn to before me on this 18th day of September, 1941
(SEAL) Notary Public, residing

NOTARY PUBLIC FOR OREGON
My Commission Expires Sept. 17th, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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483102-040-695

319748

United States
Department of Commerce
Bureau of Census

SEP 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Burke Road
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. Burke Road
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Albert Uhlman

5. Date of Birth (Month, day year) October 2, 1909

6. Sex Male

7. Twin or Triplet ----

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Uhlman
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Forest Ranger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Wiegele
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Austria (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 19 1941 (Date received) (b) Marvel M. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [illegible] M.D. (D.O., Midwife, etc.)
and address Wallace Idaho Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

AUG 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

319759

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Washington (b) City Cambridge,
(c) Street Address or R.F.D.No. Idaho
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City
(d) Street Address or R.F.D.No. Cambridge, Ida.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Vergel Earl Anderson

5. Date of Birth (Month, day year) July 11, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Joseph Anderson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Unknown (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie May New
17. Color or Race White
18. Age at time of THIS birth 21 yrs
19. Birthplace Pine Creek, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 14 1941 (Date received) (b) Mabel H. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Washington
County of Grays Harbor } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jessie Anderson Peterson, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Vergel Earl Anderson (Name of person on certificate above) as the mother of Vergel Earl Anderson (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Smith (Name of attendant at birth), who attended said birth is now deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jessie Anderson Peterson Signature
210 East State Street, Aberdeen, Wa. Address

Subscribed and sworn to before me on this 12th day of August, 1941

(SEAL) Marjorie Beck Notary Public, residing at Hoquiam

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

595-28-003-255

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319764
Local Reg. No. 75
Reg. Dist. No. 541

1. PLACE OF BIRTH
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No. Ida
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address Cleveland Ida

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Leland N. Nielson

5. Date of Birth (Month, day year) Sept 28, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edgar O. Nielson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Brigham Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cathrin Bevins
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hooper Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 10: AM. on the date and at the place stated above and that personal particulars were furnished by Cathrin Nielson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 22 1941 (Date received) (b) G. W. Stake (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Cathrin Bevins Nielson, being first duly sworn, say that I am related (Related to (or) acquainted with) to Leland N. Nielson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Charlotte Walton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cathrin Bevins Nielson Signature

P. O. Address

Subscribed and sworn to before me on this 15 day of September, 1941.
(SEAL) W. E. Mendenhall Notary Public, residing at
Notary Public Residing at Thatcher, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-125042-415

United States
Department of Commerce
Bureau of Census SEP 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319768
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Rock Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Rock Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Rock Creek, Idaho

3. RESIDENCE of FATHER (city, state) Rock Creek, Ida

4. FULL NAME OF CHILD Thelus A Gray

5. Date of Birth (Month, day year) Aug. 25 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alexander Gray
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Rock Creek (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ollie Daniels
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Blue Mts. (City or town) Mississippi (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ollie Gray (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) SEP 19 1941 (Date received) (b) Maud M. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature H. E. Pike M.D. (D.O., Midwife, etc.) and address Oakland, Calif. Date 9/12/41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Custer
City of Challis
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 19 1941

CERTIFICATE OF BIRTH

319773

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ruby Louise Breyer

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? .....
8. Date of birth January 19, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Daniel C. Breyer	18. Full maiden name: Margaret Charlotte Bradshaw
10. Residence (usual place of abode) (If non-resident, give place and State): Challis, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Challis, Idaho
11. Color or race: white | 12. Age at last birthday: 40 (years)	20. Color or race: white | 21. Age at last birthday: 30 (years)
13. Birthplace (city or place) (State or Country): Racine, Wisconsin	22. Birthplace (city or place) (State or Country): Malad, Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: January, 1909	25. Date (month and year) last engaged in this work: January, 1909
17. Total time (years) spent in this work: ten	26. Total time (years) spent in this work: seven

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: Two (At time of this birth and including this child) two
(a) Born alive and now living two (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended the birth~~ am the mother of this child, who was born alive (Born Alive or Stillborn) at 10 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Mrs Margaret Breyer, M. D.
or ..... ~~Midwife~~ mother
Address Mackayda
Filed SEP 19 1941, 193 Mary T. Geder
Registrar.

295 219 019 291

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Custer }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Margaret Breyer being first duly sworn says that she is the mother (Relationship of child)* of Ruby Louise Breyer born January 19, 1909 (Date of birth) at Challis, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ruby Louise Breyer hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Jennie Lodge ~~M.D.~~ Midwife was the medical attendant at the birth of said Ruby Louise Breyer and that the said medical attendant is deceased. (Now deceased (or) cannot be located)

Name of Affiant Mrs Margaret Breyer

P. O. Address Mackay Idaho

Subscribed and sworn to before me this 16 day of Sept, 1941

Morris Stacy
Notary Public.

Notary Public in and for the State of Idaho,

Residing at ~~Residing at Mackay, Idaho.~~, Idaho.

My Commission expires February 23, 1942

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

APR 7- 194-

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

547/15 025183

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319782
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Chester D. Nuxoll
5. Date of Birth (Month, day year) Feb 15, 1909
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Herman H. Nuxoll
11. Color or Race Wh
12. Age at time of THIS birth 50 yrs.
13. Birthplace Greencreek, Illinois (City or town) (State or foreign country)
14. Exact Occupation Banker
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna L. Ahlers
17. Color or Race Wh
18. Age at time of THIS birth 43 yrs.
19. Birthplace St. Henry Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)
26. (a) August 22, 1941 (Date received) (b) Mary I. Eller (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's **OWN** signature J. H. Tomson M.D. (D.O., Midwife, etc.)
and address Riverdale Calif Date 8-14-41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature
P. O. Address

Subscribed and sworn to before me on this day of , 19
(SEAL) Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

961-117-009-113

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 22 1941

State File No. 320919
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bonner (b) City Hope
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 5 years 2 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Hope
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs. 2 mos. yrs.
(f) Mother's mailing address Hope Idaho

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Chester Erwin Rojan

5. Date of Birth (Month, day, year) Aug 17. 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** August William Rojan
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Oslo (City or town) Norway (State or foreign country)
14. Exact Occupation Steamboat engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johanna Dorthy Jacobsen
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Moss (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) SEP 22 1941 (Date received) (b) Mabel H. Elefer (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am Father (Related to (or) acquainted with) of Chester Erwin Rojan (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Knapp (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

August William Rojan Signature
P. O. Address

Subscribed and sworn to before me on this 18th day of September, 1941

(SEAL) Francis J. Long, Probate Judge Notary Public, residing at Sand Point, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-115242-533

320936

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Castleford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Castleford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Castleford Idaho

3. RESIDENCE of FATHER (city, state) Castleford Ida

4. FULL NAME OF CHILD Henry Leroy Stratton

5. Date of Birth (Month, day year) July 13th 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Norman Edgar Stratton
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Virgin (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Inay Elliker
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Cedar City (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead / (d) Stillborn /
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1 P M. on the date and at the place stated above, and that personal particulars were furnished by Norman (First name) Stratton (Last name), who is related to this child as Father (Mother, etc.)

26. (a) SEP 22 1941 (Date received) (b) Maud F Geeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Norman Edgar Stratton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Henry LeRoy Stratton (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs L. M. Stratton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Norman Edgar Stratton Signature
Jerome, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of September, 1941
(SEAL) Stella H. Reese Notary Public, residing at Jerome, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

022

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

320937

SEP 22 1941
RECEIVED

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Fremont
City of Sugar City
No. ..... St. .....
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Gerald Milton Peterson

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? ✓

8. Date of birth 15th Oct., 1909 (Month, Day, Year)

FATHER

9. Full name John Reynold Peterson

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race .....

12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) Lehi Utah County Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Utah Idaho Sugar Co.

16. Date (month and year) last engaged in this work ....., 19..

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Johanna Bauerle

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race .....

21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Obertenfeld Wurtemberg Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Johanna Bauerle Peterson, ~~M. D.~~

or J. R. Peterson, Midwife

Address .....

Give name added from a supplemental report .....

(Date of) August 6 1941

Filed Sept 25, 1941 Marvel H. Geldes Registrar.

Notary Public Registrar.
Sept 20 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

753-115022-24

STATE OF IDAHO

SEP 22 1941

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

State of Idaho
County of Madison } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

J R Peterson & Johanna B Peterson being first duly sworn says that they is the are Parents of Gerald Melton Peterson
(Relationship of child)*

born 15 Oct 1909 at Sugar City, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that they desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr J C Shupe M. D. was the Midwife medical attendant at the birth of said Gerald Melton Peterson and that the said medical attendant is now Deceased
(Now deceased (or) cannot be located)

Name of Affiant J R Peterson
P. O. Address Johanna B Peterson Sugar City Idaho

Subscribed and sworn to before me this 20 day of Sept, 1941

J W Stroker
Notary Public.

Residing at Sugar City, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

141-213-03-3-363

320940

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Rexburg, Idaho

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Irene Frances Adams

5. Date of Birth (Month, day year) 7-13-1909

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph S. Adams
11. Color or Race white **12.** Age at time of THIS birth 47 yrs.
13. Birthplace London, England (City or town) (State or foreign country)
14. Exact Occupation publisher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Elizabeth Cole
17. Color or Race white **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 6 1941 (Date received) (b) Mabel N. Eldredge (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Frances Adams, being first duly sworn, say that I am related (Related to (or) acquainted with) Irene Frances Adams Frandsen (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George Hyde (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Frances Adams
Signature
P. O. Address

Subscribed and sworn to before me on this 25th day of August 1941
(SEAL) L. Jorgensen Notary Public, residing at Shelley, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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212 - 12 JUL 14 1941 003-666

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 320947
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bannock (b) City Soda Springs, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 27 years / month 8 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Way
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Way, Idaho

3. **RESIDENCE of FATHER** (city, state) Way, Idaho

4. **FULL NAME OF CHILD** Ellis Bassett

5. Date of Birth (Month, day, year) Sept. 20, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** LeRoy Bassett
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Celia Ellen Woodland
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Woodland (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUL 14 1941 (Date received) (b) Mabel H. Eller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Celia Ellen Bassett, being first duly sworn, say that I am ~~Mother of~~ Related to (Related to (or) acquainted with) Ellis Bassett (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Midwife) Don't Know name (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Celia Ellen Bassett — Signature
Blackfoot, Idaho RFD #3 — P. O. Address

Subscribed and sworn to before me on this 20th day of May, 1941

✓ (SEAL) Jno H. Falk Clerk Distrct Court (6th Jud Dist) ~~Notary Public~~, residing at Blackfoot, Idaho
By N. Durpin, Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493-214-006-415

320953

United States
Department of Commerce
Bureau of the Census

SEP 23 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
In Hospital or Maternity Home ..... Days
In **THIS** county 3 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address (For registration notice): Shelley Idaho
(Street or R.F.D.) / (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Pearl Evelyn Mickelson

5. **DATE OF BIRTH** (Month, day, year) Dec 14-1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew J. Mickelson

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Denmark
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business at home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Davis

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Sandy Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 a. M. on the date and at the place stated above, and that personal particulars were furnished by May Mickelson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 23 1941 (Date received) (b) Marvel Hughes (Registrar's signature)

25. Attendant's **OWN signature** Edwin Cutler M.D. (D.O., Midwife, etc.)
and address Shelley Date 9-20-41

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

4

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

SEP 25 1941

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe:

(2) Birth Injury? No

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No. No Pos..... Neg.....

(e) Signature of Physician:

Edwin Cutter M.D.

432-105-014-799

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 16 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 320973
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Parma

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Warren Howard McKibben
5. Date of Birth (Month, day year) Aug. 25 1909
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter Orval McKibben
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Montpelier (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Price
17. Color or Race White
18. Age at time of THIS birth 26 yrs
19. Birthplace Ironton (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 16 1941 (Date received) (b) Mabel H. Eller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of CANYON } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, F. J. WALMSLEY, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) WARREN HOWARD McKIBBEN (Name of person on certificate above) as UNCLE (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR CHAS. ALLEN (Name of attendant at birth), who attended said birth AND IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

F. J. Walmsley Signature
Parma Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of Sept. 1941
(SEAL) M. C. Baldridge Notary Public, residing at Parma

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215-128-042-869

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 320991
Local Reg. No.
Reg. Dist. No.

SEP 4 1941

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D.No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: Home
In Hosp. or Mat. Home ..... days.
IN THIS county 3 years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D.No. 1
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Buhl Idaho

3. RESIDENCE of FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD John Arthur Sandmeyer

5. Date of Birth (Month, day year) May 25, 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Ernest Theodore Sandmeyer	16. FULL MAIDEN NAME Emma Jaidi
11. Color or Race White 12. Age at time of THIS birth 36 yrs.	17. Color or Race White 18. Age at time of THIS birth 31 yrs
13. Birthplace Waldenfrang (City or town) Switzerland (State or foreign country)	19. Birthplace Columbus (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farming, Cattle feeding	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 4 1941 (Date received) (b) Mary T. Geder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ernest Theodore Sandmeyer being first duly sworn, say that I am related (Related to (or) acquainted with) John arthur Sandmeyer (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lamberty (Name of attendant at birth), who attended said birth, is now deceased (or) cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ernest Theodore Sandmeyer Signature
Route #1 - Buhl, Idaho. P. O. Address

Subscribed and sworn to before me on this 2nd day of September, 1941.

(SEAL) Stanley A. W. Elder Notary Public, residing at Buhl, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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942-108-042-239

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 320993
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address Twin Falls Idaho

3. RESIDENCE of FATHER (city, state) Twin Falls Idaho

4. FULL NAME OF CHILD Robert Struble Russell

5. Date of Birth (Month, day year) Sept 8 - 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8 mont 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Fletcher Russell
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace Virginia U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Ethelyn Struble
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Plainview Minnesota U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead — (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 23 1941 (Date received) (b) Ralph F. Geisler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Grace Ethelyn Swenson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Struble Russell (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Wilson (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Grace Ethelyn Swenson Signature
P. O. Address

Subscribed and sworn to before me on this 16 day of September 1941
(SEAL) Johnet Lynch Notary Public, residing at Olympia, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

165-107 036-165

321015

United States
Department of Commerce
Bureau of Census

SEP 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address Malad Idaho

3. RESIDENCE of FATHER (city, state) Malad Idaho

4. FULL NAME OF CHILD Edwin Ronald Jones

5. Date of Birth (Month, day year) July 7, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edwin Richards Jones
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Jones
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at --- M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Jones (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) SEP 22 1941 (Date Received) (b) Mary H. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Edwin R. Jones, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edwin Ronald Jones (Name of person on certificate above) as a father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. M. Peters (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edwin R. Jones ..... Signature
Malad, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 22nd day of September, 1941.
(SEAL) Jno. W. Clark Notary Public, residing at Malad, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

SEP 25 1941

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days
IN **THIS** county 4 years month 2 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Caldwell

3. RESIDENCE of FATHER (city, state) Caldwell Idaho.

4. FULL NAME OF CHILD William Bowtell Green

5. Date of Birth (Month, day year) Feb. 20-1909

6. Sex

7. Twin or Triplet If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Daniel Parmer Green
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Elmira (City or town) New York. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Marie Rue
17. Color or Race white
18. Age at time of THIS birth 39 yrs
19. Birthplace Jefferson (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 25 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of CANYON } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cecil M. Trunnell, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Bowtell Green (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ragen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cecil M. Trunnell Signature
Wilder, Idaho P. O. Address

Subscribed and sworn to before me on this 24th day of September, 1941.

(SEAL) Thomas Daugherty Notary Public, residing at Wilder, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order only.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No. main St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: her Home
In Hosp. or Mat. Home no days.
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sand Point
(d) Street Address or R.F.D. No. main St.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address mother Deceased

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Alvy Donald Montague

5. Date of Birth (Month, day year) Mar 23. 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alvy James Montague
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Port Huron (City or town) Michigan (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Vesta Harriet Hazen
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 11 on 23-24 M. on the date and at the place stated above, and that personal particulars were furnished by Alvy James Montague (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) Sept 7-1941 (Date received) (b) Mary H Eller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alvy James Montague, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Alvy Donal Montague (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mc Kinnon (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alvy James Montague Signature
Clarke Fork, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of September 1941.
(SEAL) Clarence Reed Notary Public, residing at Clarke Fork, Idaho
Commission expires June 17, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-30-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321120
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lincoln (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 21 years 3 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Rupert Idaho

3. RESIDENCE of FATHER (city, state) Rupert, Idaho

4. FULL NAME OF CHILD Francis Edmund Kinman

5. Date of Birth (Month, day year) Sept 25-1909

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Kai Keats Kinman
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Geneva Crist
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Clover Creek, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 29 1941 (Date received) (b) Mark H Eeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, August L. Crist, being first duly sworn, say that I am ~~Uncle~~ Related to (Related to (or) acquainted with) Francis Edmund Kinman (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mars Hall (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

August L. Crist Signature
Bliss, Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of September, 1941.
(SEAL) Gilbert E. Simpson Notary Public, residing at Gooding

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 8 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. Lakeview Terrace
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Nampa Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Chester Harold Ravenscroft

5. Date of Birth (Month, day year) 5/13/09

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Luther Ravenscroft
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Beatrice (City or town) Nebraska (State or foreign country)
14. Exact Occupation Railway Postal Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carolyn Baker
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Pieabo (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 8 1941 (Date received) (b) Marel H. Becker (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I Mrs Emmett Ballew, being first duly sworn, say that I am Son (Related to (or) acquainted with) Chester H. Ravenscroft (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Numbers (Name of attendant at birth), who attended said birth Chester H. Ravenscroft (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Emmett Ballew ..... Signature
Thistle Utah ..... P. O. Address

Subscribed and sworn to before me on this 5 day of Sept 1941
(SEAL) Elizabeth Goodman Notary Public, residing at Salt Lake City

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-30-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

321205

SEP 20 1941

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Sophia Schoeff

3. Sex Female

If plural births { 4. Twin, triplet, or other other
5. Number, in order of birth 1

6. Premature ..... Full term Yes

7. Legitimate? no

8. Date of birth Oct 24, 1909 (Month, Day, Year)

FATHER

9. Full name Adam John Schoeff

10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone

11. Color or race White 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Jacksonville Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work present, 19.....

17. Total time (years) spent in this work life

MOTHER

18. Full maiden name Jennie Sprengler

19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone

20. Color or race White 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Gaisenkirchen Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work present, 19.....

26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10:30 P.M. on the date above stated.

(Signed) Jennie Schoeff, ~~M. D.~~
or Mother, ~~Midwife~~
Address La Crosse, Washington

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed SEP 20 1941, 193.. Mabel T. Elder Registrar.

238-224 032 279

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Whitman } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Jennie Schoeff being first duly sworn says that she is the mother of Mary Sophia Schoeff
(Relationship of child)*

born October 24, 1909 at Shoshone, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Mary Sophia Schoeff hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Baugh M. D. was the ~~Midwife~~ medical attendant at the birth of said Mary Sophia Schoeff and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant X Jennie Schoeff
P. O. Address LaCrosse, Washington

Subscribed and sworn to before me this 17th day of Sept, 19 41

B. F. Jenney
Notary Public.
Residing at Colfax, Wash.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Form for State Registrar

THE DEMOCRAT, LEWISTOWN, MONT.

755-75025 813

Idaho

STATE OF ~~MONTANA~~

STANDARD CERTIFICATE OF BIRTH

State Board of Health
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

321208

Place of Birth

County of Idaho

Village or City of Grangeville No. , Street. Reg. No.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Beverly Wilbur Genger (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other ; 5. Number, in order of birth | 6. Premature ; Full term X | 7. Legitimate? Yes | 8. Date of birth March 25, 1929 (Month, day, year)

FATHER	MOTHER
9. Full name: Charles Maynard Genger	18. Full maiden name: Olga Alberta Halford
10. Residence (usual place of abode) (If non-resident, give place and State): Grangeville, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Grangeville, Ida.
11. Color or race: White	20. Color or race: White
12. Age at last birthday: 25 (Years)	21. Age at last birthday: 19 (Years)
13. Birthplace (city or place): Bule County (State or country): Iowa	22. Birthplace (city or place): Jefferson Co. (State or country): Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as Spinner, Sawyer, Bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as Housekeeper, Typist, Nurse, Clerk, etc.: Housewife
15. Industry or business in which work was done, as Silk Mill, Sawmill, Bank, etc.	24. Industry or business in which work was done, as Own Home, Lawyer's Office, Silk Mill, etc.
16. Date (month and year) last engaged in this work , 19	25. Date (month and year) last engaged in this work , 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation months or weeks | 29. Cause of stillbirth | Before labor ; During labor

What prophylactic was used to prevent ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at m., on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. D. or Midwife

Charles Maynard Genger Father

Address

Given name added from a supplemental report (Date of)

Registrar.

Filed Sept 30, 1941 Mabel H. Geiger Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

351306

AFFIDAVIT

STATE OF Montana
COUNTY OF Teton } ss.

I, Chas Maynard Gengen, do solemnly swear that I am the Father of the child mentioned in the annexed Certificate of Birth. I have read said Certificate and the statements contained therein are true of my own knowledge.

Chas Maynard Gengen

Subscribed and sworn to before me this 12 day of July, 19 34

Alvo Johnson

Notary Public for State of Mont

Residing at Fairfield

My Commission expires 3/12/41

STATE OF Montana
COUNTY OF Teton } ss.

We, the undersigned, do severally solemnly swear that we are personally and well acquainted with the above named affiant and we have read the statements contained in the annexed Certificate of Birth and that said statements are true to our best knowledge and belief.

SEAL.

Jesse M. Graves.
L. P. Carlstrom

Subscribed and sworn to before me this 12 day of July, 19 34

Alvo Johnson

Notary Public for State of Montana

Residing at Fairfield

My Commission expires 3/12/41

THE DEMOCRAT, LEWISTOWN, MONT.
V. S. 23—2M—10-37

614118-032-713

#321243

321243

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 1 1 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lincoln (b) City Minedoka
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Minedoka
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Minedoka

4. FULL NAME OF CHILD Samuel Everett Wauchope

5. Date of Birth (Month, day year) July 18-1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Rutherford Andrew Wauchope
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Master Mechanic
15. Industry or Business U.S.R.S.

MOTHER OF CHILD

16. FULL MAIDEN NAME Lola Pearl Pace
17. Color or Race White
18. Age at time of THIS birth 29 yrs
19. Birthplace Panguich Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 AM on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 11 1941 (Date received) (b) Maurel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I R. A. Wauchope, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Samuel Everett Wauchope (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Remagy (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

R. A. Wauchope Signature
Fallon Nevada P. O. Address

Subscribed and sworn to before me on this 11th day of October, 1941

(SEAL) Dorothy M. Gray Notary Public, residing at Boise, Idaho
My comm. expires 10/26/43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

599/127044 352

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321286
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home on Farm
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home no days. IN **THIS** county years 9 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Lester Francis Erickson
5. Date of Birth (Month, day year) Aug 27-1909
6. Sex male
7. Twin or Triplet —— If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Olaf Edwin Erickson
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Bergen (City or town) Norway (State or foreign country)
14. Exact Occupation Electrician doing
15. Industry or Business electric wiring

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Margaret Ann Lester ~~Erickson~~
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ottawa (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife & mother
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Margaret A. Erickson (First name) (Last name), who is related to this child as Mother.
26. (a) SEP 18 1941 (Date received) (b) [illegible] (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's **OWN** signature Mrs Margaret Erickson Mother M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Stanislaus } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Margaret Erickson, being first duly sworn, say that I am Mother (Related to (or) acquainted with) of Lestin Francis Erickson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Walnhouse (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth ~~has not been previously recorded~~.

Mrs Margaret Erickson
Signature
Oakdale California
P. O. Address

Subscribed and sworn to before me on this 17 day of September 1941
(SEAL) [illegible] Notary Public, residing at Oakdale Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-114-022-558

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 2 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321293
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Roberts
(c) Street Address or R.F.D. No. --- Gen. Del.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 2 month 12 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Roberts
(d) Street Address or R.F.D. No. --Gen. Del.
(e) How long has **MOTHER** lived in Idaho? --- yrs.
(f) Mother's mailing address Roberts, Idaho

3. RESIDENCE of FATHER (city, state) Topeka, Kans.

4. FULL NAME OF CHILD Hiram Burton Bronson

5. Date of Birth (Month, day year) Sept. 14, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hiram Burton Bronson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Circleville, Kansas (City or town) (State or foreign country)
14. Exact Occupation Drove team to wagon delivering ice to business houses.
15. Industry or Business Peoples Ice Co., Topeka, Kansas

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Edna Neyman
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Bloomfield, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Edna Bronson (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) OCT 2 1941 (Date received) (b) Mary T. Euler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Kansas
County of Shawnee } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sarah Edna Bronson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Hiram Burton Bronson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Chas. Neyman (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah Edna Bronson Signature
1701 N. Tyler St., Topeka, Kans. P. O. Address

Subscribed and sworn to before me on this 29th day of September, 1941
(SEAL) Ethel E. Myers Notary Public, residing at Topeka, Kansas
My com. exp. June 23, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-119004-238

321313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Bern
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 3 years 0 months 19 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City Bern
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address (For registration notice):
Bern Idaho
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Wenzil Droit Kunz

5. Date of Birth (Month, day, year) January 19 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Kunz

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Bern Switzerland
(City or Town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business Ranch

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Schmied

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Zerich Switzerland
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Ag

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead 0 (d) Stillborn 0

24. **I HEREBY CERTIFY** That I attended the birth of this child, who was Born Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by John Kunz (First name) (Last name), who is related to this child as Father (Mother, etc.)

John Kunz Father.
Witness

25. Attendant's **OWN signature** Reed Rich M.D. (D.O., Midwife, etc.)
and address Montpelier Date 10/1/41

26. (a) Oct 3 1941 (Date received) (b) Marvel H Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

691 106 006-431

321349

United States
Department of Commerce
Bureau of Census

SEP 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Kimball
(c) Street Address or R.F.D. No. Hill RFD #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Kimball
(d) Street Address or R.F.D. No. Hill RFD #1
(e) How long has **MOTHER** lived in Idaho? Seven yrs.
(f) Mother's mailing address ✓

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Lyle Measer Frandsen
5. Date of Birth (Month, day year) Aug-6-1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Erastus Frandsen
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Mt Pleasant (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Annice McAuthor
17. Color or Race White
18. Age at time of THIS birth 47 yrs.
19. Birthplace Mt Pleasant (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 18 (b) Born alive and now living 10 (c) Born alive and now dead 8 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Aug. 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Aurella Stewart (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) September 27, 41 (Date received) (b) Marvel H Eddy (Registrar's signature)
27. Given name added on ..... by E. V. Gunst (Registrar's signature)

25. Attendant's **OWN** signature Deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Aurella Stewart, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lyle Measer Frandsen (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jameson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Aurella Stewart Signature
P. O. Address

Subscribed and sworn to before me on this 27 day of September 1941.
(SEAL) E. V. Gunst Notary Public, residing at Burley, Idaho.
COMMISSION EXPIRES MARCH 18, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 3 1941
RECEIVED

State File No. 321356

1. PLACE OF BIRTH
County of Twin Falls
City of Filer
No. 953-107 042-239 St.
(If born in hospital or institution give name.)

Registration District No. ..... Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ray Edward Rettig

3. Sex M. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Oct 7, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Edward A. Rettig	18. Full maiden name Ella M. Strauss
10. Residence (usual place of abode) (If non-resident, give place and State) Filer Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Filer Ida
11. Color or race W. | 12. Age at last birthday 30 (years)	20. Color or race W. | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Blaine Co. Kans.	22. Birthplace (city or place) (State or Country) Barton Co. Mo.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work Dec. 1938 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ..... 19.. | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag No 2 1%

28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 6 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillborn ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 7 P. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. A. Newberry, M. D.
or ....., Midwife
Address Filer Ida

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed OCT 3 1941, 193.. Mabel F. Eifler Registrar.

RECEIVED

10-6-40

712-103 022.759

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 6 1941

State File No. 321389
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Darby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Darby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Driggs Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Darrel James Pascoe

5. Date of Birth (Month, day year) 6/3/1909

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Richard Pascoe
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christine Geisseler
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Geneva (City or town) Switzerland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 (c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) OCT 6 1941 (Date received) (b) Mavel H Feller (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Christine G Pascoe, being first duly sworn, say that I am related to (Related to (or) acquainted with) Darrel James Pascoe (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Larson (Name of attendant at birth), who attended said birth (is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Christine G Pascoe Signature
R F D # 1 Nampa Ida P. O. Address

Subscribed and sworn to before me on this 14 day of October, 1941
(SEAL) H. Hagelin Notary Public, residing at Nampa Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819/22022/339

321397

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 6 1941 RECEIVED

1. PLACE OF BIRTH
(a) County Madison (b) City Rigby
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rigby
(d) Street Address or R.F.D. No. General Delive:
(e) How long has **MOTHER** lived in Idaho? 19 ¾ yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Leonard Leander Harriman
5. Date of Birth (Month, day year) July 22, 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** William Harrison Harriman
11. Color or Race English
12. Age at time of THIS birth 28 yrs.
13. Birthplace Montezuma, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Melissa Margaret Clifford
17. Color or Race English
18. Age at time of THIS birth 19 yrs.
19. Birthplace Labelle, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) OCT 6 1941 (Date received) (b) Mabel E Geiger (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ada C. Williams, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leonard Leander Harriman (Name of person on certificate above) as an aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Saxton, (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Ada C Williams Signature
3903 S. E. 28th Place, Portland, Ore. P. O. Address

Subscribed and sworn to before me this 2nd day of October 19 41
(SEAL) M. Emmett Ryan Notary Public, residing at 609 Oregonian Bldg., Portland, Oregon

My commission expires: 6-6-43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-114003-816

321411

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Bannock (b) City Marsh Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Own Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Marsh Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Howard Hawkins Olsen
5. Date of Birth (Month, day year) Dec 14 - 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? ✓

FATHER OF CHILD
10. FULL NAME Nephi Olsen
11. Color or Race Anglo Saxon
12. Age at time of THIS birth 39 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Katherine Hawkins Olsen
17. Color or Race Angle Saxon
18. Age at time of THIS birth 38 yrs.
19. Birthplace Marsh Valley (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 22 1941 (Date received) (b) Maud H. Geller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Agnes Olsen McLaughlin, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Howard Hawkins Olsen (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Balita Jensen (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Agnes Olsen McLaughlin ..... Signature
..... P. O. Address

Subscribed and sworn to before me on this 18th day of Sept 1941.
(SEAL) Thomas Preston Notary Public, residing at Weston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719 110 009 · 795

321414

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Colburn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 7 years ? month ? days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Colburn
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Sandpoint Idaho

3. RESIDENCE of FATHER (city, state) Sandpoint Idaho

4. FULL NAME OF CHILD Enoch William Garrison

5. Date of Birth (Month, day year) Sept. 10 - 1909

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Wilie Garrison
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Stone County (City or town) Missouri (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha May Pierce
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Christian County (City or town) Missouri (State or foreign country)
20. Exact Occupation House WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc)

26. (a) 9/27/41 (Date received) (b) Mabel Heeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature J. W. Garrison M.D. (D.O., Midwife, etc.)
and address Sandpoint Date 9/27/41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Martha May Garrison, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Enoch William Garrison (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Saint Miller (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Martha May Garrison Signature
Sandpoint Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of September, 1941.
(SEAL) Mff. S. McCrea Notary Public, residing at NOTARY PUBLIC FOR THE STATE OF IDAHO

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451-223-014-493

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 1941

RECEIVED

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321431

Local Reg. No. 406

Reg. Dist. No. 5-330

1. PLACE OF BIRTH
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home ..... days.
IN **THIS** county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address 757 Cole St. S.F.

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Marvel Miller Deal,

5. Date of Birth (Month, day year) December 23rd 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9 Mo. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marvin James Deal
11. Color or Race White
12. Age at time of THIS birth 59 yrs.
13. Birthplace Greenville, Mich. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Elsie Miller
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Alexander, N. Y. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neo-Silvol 10%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive ----- (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Rachel E. Deal (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 10/6/1941 (Date received), (b) J C Woodward (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature J C Woodward M.D. (D.O., Midwife, etc.) and address PAYETTE, ID Date 10/6/41

State of California } ss.
County of San Francisco }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rachel E. Deal, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Marvel Miller Deal, (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that X (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rachel E. Deal Signature
757 Cole St, San Francisco P. O. Address

Subscribed and sworn to before me on this 2nd day of October 1941

(SEAL) E. W. Lenning Notary Public, residing at SAN FRANCISCO

In and for the City and County of San Francisco, State of California My commission expires Dec. 31, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

597-119-035-69

United States
Department of Commerce
Bureau of the Census

OCT 6 1941
RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321455
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Nez Perce (b) City Lewiston, Ida.
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ....days. In THIS county ....years ....months ....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ....yrs.
(f) Mother's mailing address
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Denny Arville Nixon
5. Date of Birth (Month, day, year) 2/19/09
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 Mos
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Howard Thomas Nixon
11. Color or Race White
12. Age at time of THIS birth 31 yrs. yrs.
13. Birthplace Calais, (City or town) Maine (State or foreign country) USA
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Warden
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead X (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by Berenice May Barrow (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) OCT 6 1941 (Date received) (b) Maud M Geeder (Registrar's signature)

27. Given name added on ....by .... (Registrar's signature)

25. Attendant's OWN signature ....M.D. or Midwife (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Berenice May Barrow, being first duly sworn, say that I am Related (Related to (or) acquainted with) Denney A. Nixon (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife (Name of attendant at birth), who attended said birth cannott be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Berenice May Barrow ....Name
X 6516-16 Ave Seattle Wash ....P. O. Address

Subscribed and sworn to before me on this 7th day of October 1941

(SEAL) Harold M. Trulin Notary Public, residing at Seattle, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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366112 025-261

321464

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 6 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 28 years 0 month 0 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Maurice Romain Coffey
5. Date of Birth (Month, day year) Sept. 12, 1909
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd No
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Robert Francis Coffey
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Nez Perce Co. Ida. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lillian Ruth Swarts
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace White Bird, Ida. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 6 1941 (Date received) (b) Mabel H. Lewer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Robert F. Coffey, being first duly sworn, say that I am related (Related to (or) acquainted with) Maurice R. Coffey (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fosker (Name of attendant at birth), who attended said birth Dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Robert F. Coffey Signature
Rt. 2, Lewiston, Ida. P. O. Address

Subscribed and sworn to before me on this 7 day of Oct. 1941
(SEAL) John L. Phillips Notary Public, residing at Lewiston, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261 109 044 393

321465

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 6 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County WASHINGTON (b) City WEISER
(c) Street Address or R.F.D. No. R.F.D #1
(d) Name of Hospital or Maternity Home: AT OWN HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home NO days. IN **THIS** county years 7 month 4 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No. RFD #1
(e) How long has **MOTHER** lived in Idaho? 7 ~~yrs.~~ mo
(f) Mother's mailing address WEISER, IDAHO

3. RESIDENCE of FATHER (city, state) WEISER, IDAHO

4. FULL NAME OF CHILD CECIL BERNHARD SWANN

5. Date of Birth (Month, day year) JUNE 9, 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES ALBERT SWANN
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace SOQUEL (City or town) CALIFORNIA (State or foreign country)
14. Exact Occupation BOOK KEEPER
15. Industry or Business HERMAN HAAS HDW & IMP. CO.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** DOROTHY ALMETI LITSCHER
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace DEWITT (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living YES (c) Born alive and now dead NONE (d) Stillborn NONE
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

OCT 6 1941

26. (a) OCT 6 1941 (Date received) (b) Marie Heeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

RECEIVED

State of WASHINGTON
County of COWLITZ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, DOROTHY A. SWANN, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) CECIL BERNHARD SWANN (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS MARY WIRTZ (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Dorothy Almeti Swann ..... Signature
Longview, Washington ..... P. O. Address

Subscribed and sworn to before me on this 30 day of July, 1941
(SEAL) Hannah [illegible] Notary Public, residing at Nelson

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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986-123 008-944

321490

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 9 1941

RECEIVED

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home of child
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City McCall
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.
(f) Mother's mailing address McCall Ida Box
3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD John Wilmer Ahola
5. Date of Birth (Month, day year) Sept 23rd 1909
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** John Gabriel Ahola
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) (State or foreign country) Finnland
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wendla Rauska
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace (City or town) (State or foreign country) Finnland
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at home at M. on the date and at the place stated above, and that personal particulars were furnished by Wendla (First name) McCall Ahola (Last name), who is related to this child as Mother (Mother, etc.)

OCT 9 1941

26. (a) (Date received) (b) Mabel H. Keller (Registrar's signature)

RECEIVED

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Mary Maenpaa, ~~M.D.~~ (~~D.O.~~, Midwife, ~~etc.~~)
and address McCall Ida Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature
P. O. Address

Subscribed and sworn to before me on this day of , 19
(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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851-225016-553

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 6 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321504
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: (At home of parents)
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address As above

3. RESIDENCE of FATHER (city, state) Burley, Ida.

4. FULL NAME OF CHILD Mary Agnes Yeaman

5. Date of Birth (Month, day year) 8-25-1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Fenwick Yeaman
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Dundee (City or town) Scotland (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Weldon
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Green River, Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....

26. (a) OCT 6 1941 (Date received) (b) Mark H. Felder (Registrar's signature)

27. Given RECEIVED and filed on ....by ....(Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Maude Weldon Yeaman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mary Agnes Yeaman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Story (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maude Weldon Yeaman Signature

437 West Broadway, Long Beach, Calif. P. O. Address

Subscribed and sworn to before me on this 30th day of September 19 41
(SEAL) Earl Dusk Notary Public, residing at Long Beach, Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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321510

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

Oneida OCT 6 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Preston (b) City Idaho
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Franklin~~ Oneida
(c) City
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Phillis Goaslind

5. Date of Birth (Month, day year) July 23, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph H Goaslind
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Frenklin Idaho (City or town) (State or foreign country)
14. Exact Occupation Bar Tender
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Sabin
17. Color or Race white
18. Age at time of THIS birth 26 yrs
19. Birthplace Preston Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Joseph Goaslind (First name) (Last name), who is related to this child as Father (Mother, etc.).

26. (a) OCT 6 1941 (Date received) (b) G. W. Slates (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** G. W. Slates M.D. (D.O., Midwife, etc.)
and address Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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255-224042-799

321517

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 7 1941

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 10 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Kimberly, Idaho

3. RESIDENCE of FATHER (city, state) Kimberly, Ida

4. FULL NAME OF CHILD Martha Leta Kendall

5. Date of Birth (Month, day year) Aug. 24-1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Morrow Kendall
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Pleasant Plain, Iowa (City or town) (State or foreign country)
14. Exact Occupation Carpenter + Contractor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Ellen Pringle
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Vea, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agnos 1%
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle Kendall (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) OCT 7 1941 (Date received) (b) Maud H. Fesler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature W. F. Tolee M.D. (D.O., Midwife, etc.)
and address Caldwell Idaho Date 10/5/41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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391 225035 993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 9 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321524
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Nez Perce (b) City: Woodside
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Nez Perce
(c) City: Woodside (Mother there)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address: Woodside, Ida
3. **RESIDENCE OF FATHER** (city, state): " "

4. **FULL NAME OF CHILD:** Helene Grace Craig
5. Date of Birth (Month, day, year): June 25, 1909
6. Sex: Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: Usual
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Stonewall Jackson Craig
11. Color or Race: White
12. Age at time of THIS birth: 46 yrs.
13. Birthplace: Avarage (City or town) Missouri (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Maud Westlake Rice
17. Color or Race: White
18. Age at time of THIS birth: 37 years
19. Birthplace: Brooklyn (City or town) New York (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 7 (b) Born alive and now living: 7
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 9 1941 (Date received) (b) Maud W. Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Deceased M.D. or ..... (D.O., Midwife, etc.) and address Date

State of WASHINGTON
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maud W. Craig, being first duly sworn, say that I am related to (Related to (or) acquainted with) Helene Grace Craig (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. B. Blake (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maud W. Craig ..... Name
R1 Granger Wash ..... P. O. Address

Subscribed and sworn to before me on this 7 day of Oct. 1941

(SEAL) Lawrence Bell ..... Notary Public, residing at Granger

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such [illegible] be received and filed by the [illegible] Registrar for record in the Bureau of Vital Statistics [illegible] Chapter 2, Title 9, Idaho Code Annotated, [illegible] report [illegible] filed by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

432-121042-613

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 8 1941

RECEIVED

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321557
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Kimberley
(c) Street Address or R.F.D. No. Route 2
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 1 years 2 month 5 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberley
(d) Street Address or R.F.D. No. Route 2
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Same

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Walter Maurice McBride

5. Date of Birth (Month, day year) July 21, 1909

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Claud McBride
11. Color or Race White **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Alden, Iowa (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Wachter
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Lathan, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 8 1941 (Date received) (b) Mabel I. Geeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Lena McBride, being first duly sworn, say that I am mother (Related to (or) acquainted with) Walter Maurice McBride (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor associated with Dr. Pike (Name of attendant at birth) who attended said birth do not recall name and that this birth **has not been previously recorded.**
~~(Is now deceased~~ (or) cannot be located)

x Mrs. Lena McBride Signature
Jerome, Idaho P. O. Address

Subscribed and sworn to before me on this 2 day of October, 1941

(SEAL) x William G. Gmatorb Notary Public, residing at Jerome, Idaho.
Probate Judge & Ex-Officio Clerk Probate Judge

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 126 003-239

321574

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 11 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 22 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address McCammon, Idaho

3. **RESIDENCE of FATHER** (city, state) McCammon

4. **FULL NAME OF CHILD** Ivan Manuel Marley

5. Date of Birth (Month, day, year) 3/26/09

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Marley
11. Color or Race White
12. Age at time of THIS birth 57 yrs.
13. Birthplace (City or town) So. Wales, England (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Deborah Stinger
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Toquerville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Oct 11-1941 (Date received) (b) Mabel H. Eccles (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alma Marley, being first duly sworn, say that I am related to (or) acquainted with) Ivan Manuel Marley (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Althea Lewis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alma Marley Signature

624 Sold Pocatello Idaho P.O. Address

Subscribed and sworn to before me on this 11th day of October 1941

(SEAL) Leslie M. White Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-118-001 864

321575

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 4 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 305 E. Jefferson St.
(d) Name of Hospital or Maternity Home: Born at Parents residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county one years four month 18 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 305 E. Jefferson St.
(e) How long has **MOTHER** lived in Idaho? None yrs.
(f) Mother's mailing address 305 E. Jefferson St.

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD George Harold Davis Jr.

5. Date of Birth (Month, day year) Aug. 18, 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Harold Davis
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Auburn (City or town) Maine (State or foreign country)
14. Exact Occupation Electrical Engineer
15. Industry or Business Electric Light & Power

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Young
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Auburn (City or town) Maine (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Geo. H. Davis (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) OCT 4 1941 (Date received) (b) Claire H. Feeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Fred A. Pittenger M.D. (D.O., Midwife, etc.) and address Boise Date 10/10/41

State of Illinois
County of Cook } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, George Harold Davis, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Harold Davis Jr. (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Fred A. Pittenger (Name of attendant at birth), who attended said birth has retired (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

G. H. Davis Signature
20 No. Wacker Drive, Chicago Ill. P. O. Address

Subscribed and sworn to before me on this 30th day of September 1941

(SEAL) M. K. Graham Notary Public, residing at Chicago Illinois

My Commission Expires March 22, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-202-036-386

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321579
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. **PLACE OF BIRTH**
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In home of Mrs. B. L. Thomas
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 9 days. IN **THIS** county 19 years 10 month 20 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address Malad, Idaho

3. **RESIDENCE of FATHER** (city, state) Malad, Ida.

4. **FULL NAME OF CHILD** Edith Elizabeth Vanderwood

5. Date of Birth (Month, day, year) September 2, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Evan Vanderwood
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Malad (City or town), Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Stock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie E. Thomas
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Malad (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate Silver
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Annie Vanderwood (First name) (Last name), who is related to the child as Mother (Mother, etc.)

26. (a) OCT 10 1941 (RECEIVED received) (b) Mary H. Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** D. C. Ray M.D. (D.O., Midwife, etc.)
and address Pocatello, Idaho Date 10-4-1941

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

812 102-025-319

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 10 1941

State File No. 321652
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Adams (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Weiser Idaho

3. RESIDENCE of FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Manuel Glenn Hastings

5. Date of Birth (Month, day year) Mar 2 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Malon Lee Hastings
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Jamesville (City or town) Minnesota (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MYRTLE ELIZABETH CARSON
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace HANOVER (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 10 1941 (Date received) (b) Mary L. Helen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Calif. County of Merced } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, M. L. Hastings, being first duly sworn, say that I am ..... (Related to (or) acquainted with) Manuel Glenn Hastings (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Mary Murphy (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

M. L. Hastings ..... Signature
Planada Calif. ..... P. O. Address

Subscribed and sworn to before me on this 29th day of September, 194.
(SEAL) E. Coleman ..... Notary Public, residing at Le Grand Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165 728 007 695

321653

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 10 1941

1. PLACE OF BIRTH
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. Calhoun St.
(d) Name of Hospital or Maternity Home:
Born at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 32 years 3 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. Calhoun St.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address 221 Willa Pasadena Cal.

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Frances Marion Jones

5. Date of Birth (Month, day year) MAR. 28, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Lee Jones
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Quincy (City or town) Missouri (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Violet Isabel Finch
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Goshen (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6 (c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Violet Jones (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 10 1941 (Date received) (b) Mavis H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Robert L. Nourse M.D. (D.O., Midwife, etc.)
and address P.O. Box 217 Boise Idaho Date Oct 6/41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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319-223 011-795

321660

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1941

RECEIVED

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No. r
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Bonners Ferry

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Elsie Mae Carlock

5. Date of Birth (Month, day year) 2-23-1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy normal Birth

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Winfield Carlock
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Falls Rock - Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Golda Fay Preston
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Beaver City - Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead r (d) Stillborn r

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 13 1941 (Date received) (b) (Mother, etc.) Mabel H. Eccles (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Wm W. Carlock, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elsie Mae Carlock (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E. E. Fry - now deceased (Name of attendant at birth) who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Wm William Winfield Carlock (Signature)
2313-W Gardner Ave Spokane (Address)

Subscribed and sworn to before me on this 10 day of October, 1941.
(SEAL) James S. Rhodes Notary Public, residing at Spokane, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235 123 029 · 315

321674

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah RECEIVED (b) City Bovill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county 22 years 11 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Bovill
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Bovill, Idaho

3. RESIDENCE of FATHER (city, state) Bovill, Idaho

4. FULL NAME OF CHILD Glen Allen Stevens

5. Date of Birth (Month, day year) Sept. 23, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Albert Stevens
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Waverly, Wright County, Minn. (City or town) (State or foreign country)
14. Exact Occupation Scaler and Timekeeper
15. Industry or Business Timekeeper Potlatch Forests

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Margaret Canfield
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Near Princeton, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5:40 P. M. on the date and at the place stated above, and that personal particulars were furnished by Kate M. Stevens (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 13 1941 (Date received) (b) Mark H. Keller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's ~~XXXXXXXXXX~~ signature Kate M. Stevens MD (D.O., Midwife, etc.)
and address Mother Date

State of Washington
County of Pierce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Kate M. Stevens, being first duly sworn, say that I am related to (Related to (or) acquainted with) Glen Allen Stevens (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Fielding (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Kate M. Stevens Signature
Tacoma, Washington P. O. Address

Subscribed and sworn to before me on this 10th day of October 1941
(SEAL) Notary Public, residing at Tacoma, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

254 221029 266

321773

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED OCT 14 1947

1. **PLACE OF BIRTH**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Moscow Idaho

3. **RESIDENCE of FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Wilma Bernice Knudson

5. Date of Birth (Month, day year) May 21st 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Edward Knudson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Litchfield (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Sophia Bowman
17. Color or Race White
18. Age at time of THIS birth 21 yrs
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 14 1947 (Date received) (b) Mabel H. Fetzer (Registrar's signature)

27. Given name ..... on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of OREGON
County of MULTNOMAH } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, LYDIA SOPHIA KNUDSON, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) WILMA BERNICE KNUDSON (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lydia Sophia Knudson Signature
5355 N. BOSTON AVE PORTLAND OREGON P. O. Address

Subscribed and sworn to before me on this 23 day of SEPTEMBER, 1941

(SEAL) Alvin Donald Stanley Notary Public, residing at Portland Oregon

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

967 121 040-657

321785

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 15 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Osburn Road
(d) Name of Hospital or Maternity Home:
None - Born at the family home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 11 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. Osburn Road
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Wallace, Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Wallace Wilson Rogers

5. Date of Birth (Month, day year) April 21, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William LeRoy Rogers
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Concordia, Kansas (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Augusta Emelia Wegner ~~Rogers~~
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Green Isle, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 15 1941 (Date received) (b) Mary E Geier (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, William LeRoy Rogers, being first duly sworn, say that I am the father of (Related to (or) acquainted with) Wallace Wilson Rogers (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stone (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William Le Roy Rogers Signature
520 S. Washington St., MOSCOW, IDAHO P. O. Address

Subscribed and sworn to before me on this 1st day of October, 1941.

(SEAL) Harry A Walker Notary Public, residing at Moscow, Idaho.
Ex-Officio County Auditor & Recorder.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-218-009-942

321821

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years 5 month 14 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Sandpoint Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Helen Margaret Schedler

5. Date of Birth (Month, day year) April 18 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Herman Fredrick Schedler
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Oconto (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Millwork Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude M Russell
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Oconto (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 2%
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive or stillborn) at 10 A.M. on the date and at the place stated above and that personal particulars were furnished by Gertrude M Schedler (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 15 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Gertrude Russell Schedler being first duly sworn, say that I am the Mother of Helen Margaret Schedler (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Doctor (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Gertrude Russell Schedler Signature
P. O. Address

Subscribed and sworn to before me on this 17th day of October 1941
(SEAL) Arthur Bourden Notary Public, residing at Sandpoint Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

41.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-124-016 395

321832

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Yakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county app. 20 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Oakley, Idaho

3. RESIDENCE of FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD Jay Martell Fairchild

5. Date of Birth (Month, day year) June 4, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Johnny Masiah Fairchild
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Twin Falls (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Artie A Tinsley
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace West Weber (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) OCT 15 1941 (Date received) (b) Maurel H. Eliefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Artie Fairchild Munger, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jay Martell Fairchild (Name of person on certificate above) as his Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Neilson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Artie Fairchild Munger Signature
Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of October 1941
(SEAL) Beth Robbins Notary Public, residing at Pocatello, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-109-020-981

321871

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 22
Reg. Dist. No. 3 80

1. PLACE OF BIRTH
(a) County Elmore (b) City ~~Farm~~ Mountain Home
(c) ~~Street Address or R.F.D. No.~~
(d) ~~Name of Hospital or Maternity Home:~~ Ranch 2 miles from Mtn Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 9 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Mountain Home

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Daniel James McLaughlin

5. Date of Birth (Month, day year) July 9, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Daniel McLaughlin
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Brookfield (City or town) Missouri (State or foreign country)
14. Exact Occupation Attorney at law
15. Industry or Business Attorney at Law

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Catherine Ryan
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Sardis (City or town) Mississippi (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 6:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary McLaughlin (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 14, 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mary C. McLaughlin ~~M.D.~~ (M.D., D.O., Midwife, etc.)
and address Mtn Home Idaho Date Oct 14, 1941

State of Idaho
County of Elmore } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary C. McLaughlin, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Daniel James McLaughlin (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hawley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary C. McLaughlin Signature
Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me on this 14th. day of October, 19 41
(SEAL) [signature] Notary Public, residing at Mountain Home, Ida
Probate Judge

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

846 229 Q5-296

United States
Department of Commerce
Bureau of Census

OCT 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321879
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at family home
(e) Mother's stay BEFORE delivery.
In Hosp. or Mat. Home ..... days.
IN THIS county 7 years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 7½ yrs.
(f) Mother's mailing address Stites, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Eunice Ione Huffman

5. Date of Birth (Month, day year) Dec. 29, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred Huffman
11. Color or Race White American
12. Age at time of THIS birth 33 yrs.
13. Birthplace Ava (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer & School teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Constance Brown
17. Color or Race White American
18. Age at time of THIS birth 30 yrs
19. Birthplace Blooming Prairie Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 17-1941 (Date received) (b) Malvel H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred Huffman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Eunice Ione Huffman (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Amanda Manes (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Fred Huffman Signature
Stites, Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of Oct. 1941

(SEAL) V. B. Anderson Notary Public, residing at Stites Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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652-218 035-168

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 20 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321887
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perse (b) City Lewiston
(c) Street Address or R.F.D.No. 321 Miller St.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perse
(c) City Lewiston
(d) Street Address or R.F.D.No. 321 Miller St.
(e) How long has **MOTHER** lived in Idaho? two yrs.
(f) Mother's mailing address Lewiston, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Alice Marie Westberg

5. Date of Birth (Month, day year) July 18, 1909

6. Sex Female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eric Gustav Westberg
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Stockholm, Sweden (City or town) (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business Telephone Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Maria Johnson
17. Color or Race White
18. Age at time of THIS birth 30 yrs
19. Birthplace Page Co., Essex, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 20 1941 (Date received) (b) Marvel H. Eisler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eric G. Westberg, being first duly sworn, say that I am related (Related to (or) acquainted with) to Alice Marie Westberg (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hurlbert and Dr. Morris (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eric G. Westberg Signature

Los Angeles, California P. O. Address

Subscribed and sworn to before me on this 16th day of October, 19 41

(SEAL) Helen J. Phipps Notary Public, residing at Los Angeles

My Commission Expires Feb. 27, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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675 706 036 553

321905

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No. R. 2
(d) Name of Hospital or Maternity Home: — at home —
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days IN **THIS** county life all but 3 years years months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Franklin~~ Oneida
(c) City Preston
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? life yrs.
(f) Mother's mailing address Preston, Idaho

3. RESIDENCE of FATHER (city, state) Preston, Idaho

4. FULL NAME OF CHILD Alma Winn

5. Date of Birth (Month, day year) Feb. 6, 1909

6. Sex male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 3rd 8. No. months of Pregnancy 9 — 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Marion Anderson Winn
11. Color or Race white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Summit, Utah (City or town) (State or foreign country)
14. Exact Occupation — Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosella Ann Nelson
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Hyde Park, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) OCT 20 1941 (Date received) (b) Mary H. Eller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rosella Ann Winn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alma Winn (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Emery (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Rosella Ann Winn — Signature
Preston, Idaho — P. O. Address

Subscribed and sworn to before me on this 20 day of October 1941.
(SEAL) Benn T. Johnson Notary Public, residing at Preston, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249 123 029 942

321909

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 18 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Potlach
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlach
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Cecil Edward Burford
5. Date of Birth (Month, day year) Oct. 23, 1909
6. Sex M
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Ivan Inez Burford
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Garfield County, Wash. (City or town) (State or foreign country)
14. Exact Occupation Sawmill laborer
15. Industry or Business Sawmill

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Rebecca Dora Russell
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Wallowa County, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) OCT 18 1941 (Date received) (b) Mabel L Eeler (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rebecca Masey, being first duly sworn, say that I am mother related (Related to (or) acquainted with) Cecil Edward Burford (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Came r on (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rebecca Masey Signature
Rt. 2, Snohomish, Wash. P. O. Address

Subscribed and sworn to before me on this 15 day of October 1941
(SEAL) Notary Public, residing at Snohomish, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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391 121 007962

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321912
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Sagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Thomas LeRoy Craig

5. Date of Birth (Month, day year) Feb. 21, 1909

6. Sex Male

7. Twin or Triplet Single If so—born ~~1st~~, 2nd, ~~3rd~~

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Thomas Martin Craig
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Redding California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Maude Rose
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Republic (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 12-30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Clara Maude Craig (First name) (Last name), who is related to this child as Mother (Mother, etc)

26. (a) Oct 17-1941 (Date received) (b) Maud E Geller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Sarah Sundebaker M.D. (D.O., Midwife, etc.)
and address Sagle Ida Date 10-15-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
P. O. Address

Subscribed and sworn to before me on this 15th day of Oct, 1941
(SEAL) Frances J Long Probate Judge Notary Public, residing at Sand Point

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 21 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321929
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Bingham (b) City Lincoln
(c) Street Address or R.F.D. No. R. F. D. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 21 years 2 month 23 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Lincoln
(d) Street Address or R.F.D. No. R.F.D. 1
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Oxnard, Cal.

3. RESIDENCE of FATHER (city, state) Oxnard, Cal.

4. FULL NAME OF CHILD J. Elmo Wignall

5. Date of Birth (Month, day year) March 29, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jess Wignal
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Payson (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lenore Hannah Norton
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lincoln (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 21 1941 (Date received) (b) Maude E Gale (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

~~25.~~ Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Ventura } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jess Wignal, being first duly sworn, say that I am related to (Related to (or) acquainted with) J. Elmo Wignall (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Beach (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has ~~not been~~ **previously recorded.**

Jess Wignall Signature
244 D. St., Oxnard, Cal. P. O. Address

Subscribed and sworn to before me on this 17th day of October, 1941.
(SEAL) Owen Leite Notary Public, residing at Port Hueneme, Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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665 128 035 392

OCT 20 1941

321935

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Frederick Weerishoeffer

5. Date of Birth (Month, day year) 1909 June 28

6. Sex Male

7. Twin or Triplet — If so born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Weerishoeffer
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Hamburg (City or town) Germany (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothea Tischer
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Kassel (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 20 1941 (Date received) (b) Maine H. Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Stevens } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, William Weerishoeffer, being first duly sworn, say that I am Father (Related to (or) acquainted with) Frederick Weerishoeffer (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William Weerishoeffer Signature
P. O. Address

Subscribed and sworn to before me on this 18 day of October, 19 41.
(SEAL) G. E. Elliott Notary Public, residing at Northport, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-111-020-236 #322896 322896

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No. No name
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 35 years month days

RECEIVED

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry
(d) Street Address or R.F.D. No. No name
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Glenns Ferry
3. RESIDENCE of FATHER (city, state) Glenns Fer. Ida.

4. FULL NAME OF CHILD William David Robertson, Jr.
5. Date of Birth (Month, day, year) Feb. 11, 1909
6. Sex M
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 8
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME William David Robertson	16. FULL MAIDEN NAME Lottie Stori
11. Color or Race W	17 Color or Race W
12. Age at time of THIS birth 43 yrs.	18. Age at time of THIS birth 24 yrs.
13. Birthplace Eualair, Wisconsin (City or town) (State or foreign country)	19. Birthplace Breckenridge, Colorado (City or town) (State or foreign country)
14. Exact Occupation Boiler-Maker	20. Exact Occupation Housewife
15. Industry or Business Union Pacific R.R.	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 22 1941 (Date received) (b) Malvel T. Eddy (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

RECEIVED

State of Idaho
County of Elmore } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lottie Robertson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) William David Robertson, Jr. (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J.W. Davis (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lottie Robertson Signature
Glenns Ferry, Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of Oct. 1941

(SEAL) C. G. Babcock Notary Public, residing at Glenns Ferry Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-127-022-764

322897

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 322897
Local Reg. No.
Reg. Dist. No.

OCT 22 1941

1. **PLACE OF BIRTH**
(a) County Fremont (b) City Victor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 3 years month 24 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Victor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Victor Idaho
3. **RESIDENCE of FATHER** (city, state) Victor Ida

4. **FULL NAME OF CHILD** Frank William Parsons
5. Date of Birth (Month, day, year) Mar 27, 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hyrum James Parsons
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Newton (City or town) Cache County Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Grace Pomeroy
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Hennrivill (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I ~~attended the birth of this~~ child, who was alive (born alive, stillborn) at one P.M. on the date and at the place stated above, and that personal particulars were furnished by Grace Kaiser (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 22 1941 (Date received) (b) Marvel H. Eller (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)
RECEIVED

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Sarah Grace Kaiser, being first duly sworn, say that I am related (Related to (or) acquainted with) Frank William Parsons (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doc Reeth (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah Grace Kaiser Signature
Danielson Wyoming P. O. Address

Subscribed and sworn to before me on this 22nd day of October 1941

(SEAL) Evans Paul Barnes Notary Public, residing at Boise, Idaho
My commission expires May 19, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

851-105-001-955

#322914

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 322914
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 184 Hazel St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 184 Hazel St
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD Warren Herman Headrick
5. Date of Birth (Month, day year) Jan 5-1909
6. Sex M
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Full Term
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Warren Cooper Headrick
11. Color or Race W
12. Age at time of THIS birth 31 yrs.
13. Birthplace Superior Nebr. (City or town) (State or foreign country)
14. Exact Occupation R.R mail clerk
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary L. Runard
17. Color or Race W
18. Age at time of THIS birth 30 yrs.
19. Birthplace Menlo Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at a.m. on the date and at the place stated above, and that personal particulars were furnished by Mary Headrick (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) OCT 24 1941 (Date received) (b) Mary Reed (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature John Boutz M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 10-24-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

2200 no 20

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-112-003-363

322935

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 322935
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address McCammon, Ida

3. RESIDENCE of FATHER (city, state) McCam Ida

4. FULL NAME OF CHILD John Howell Cooper

5. Date of Birth (Month, day year) 6--12--1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dr. George Howell Cooper
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Myersdale Pen. (City or town) (State or foreign country)
14. Exact Occupation Physician & Surgeon
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Eileen Cotterell
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace American Falls, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) Oct 7-8-1941 (Date received) (b) [illegible] (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Doctor G. H. Cooper, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Howell Cooper (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. B. Cooper (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

G H Cooper M D
Signature
Grand View, Idaho
P. O. Address

Subscribed and sworn to before me on this 27th day of October 1941.
(SEAL) Clara Jenkins Notary Public, residing at Grand View

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-202-001-276

#322936

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 322936
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. B St. near
(d) Name of Hospital or Maternity Home: Warm Springs Ave
At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ~~years~~ 3 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Boise
(d) Street Address or R.F.D. No. B St. near Warm Springs Ave
(e) How long has **MOTHER** lived in Idaho? 3 yrs. 3 months
(f) Mother's mailing address Same

3. RESIDENCE of FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Elizabeth Jeanne Miller

5. Date of Birth (Month, day year) March 2-1909

6. Sex Girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis Clark Miller
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace St Marys (City or town) Kansas (State or foreign country)
14. Exact Occupation Collector
15. Industry or Business Electric Light Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Scott
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Kinsley (City or town) Kansas (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 23 1941 (Date received) (b) Mabel Hale (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Scott Miller, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Elizabeth Jeanne Miller (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Benedict (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Scott Miller Signature
548 N. Mission Dr. San Gabriel P. O. Address

Subscribed and sworn to before me on this 21st day of OCT, 1941.
(SEAL) C. Edwards Notary Public, residing at San Gabriel Cal

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

523-215-006-154

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323007
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Bingham (b) City Moreland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Moreland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD May Mabel Estby
5. Date of Birth (Month, day year) 7-15-1909
6. Sex girl
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Oscar Estby
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer and laborer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lulu Anderson
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 22 1941 (Date received) (b) (Mother, etc) Maud Feeley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Nevada
County of Elko } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rose Estby Lawson being first duly sworn, say that I am related (Related to (or) acquainted with) May mabel Estby (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above and that I desire to have the said birth recorded under Chapter 169, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Lawson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rose Estby Lawson Signature
P. O. Address

Subscribed and sworn to before me on this 6th day of October 1941
(SEAL) O. J. Nelson Notary Public, residing at Boulder
My Commission Expires Jan. 14, 1944, Nevada

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-119-009-315

323036

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 25 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Sandpoint - Idaho

3. RESIDENCE of FATHER (city, state) Sandpoint - Ida.

4. FULL NAME OF CHILD Kenneth Rueben Montague

5. Date of Birth (Month, day year) June 19th 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Rueben H. Montague
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Caro (City or town) Michigan (State or foreign country)
14. Exact Occupation Truck driver
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence C. Landerdahl
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Clearwater (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as
25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date
26. (a) Oct 7-1941 (Date received) (b) Maud Keeler (Registrar's signature) (Mother, etc.)
27. Given name added on by (Registrar's signature)

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rueben H. Montague, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Kenneth Rueben Montague (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ella Jackson (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rueben H Montague Signature
Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me on this 22ND day of October 1941
(SEAL) Clarence Reed Notary Public, residing at Clarkston, Wash.
Commission expires June 11, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

519-112-042-993

323039

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 24 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls, Ida.
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home -- days. IN **THIS** county 1 years 7 month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Mrs. John Wilson Jackson, Wyoming

3. RESIDENCE of FATHER (city, state) Lewiston, Ida.

4. FULL NAME OF CHILD Frederick William Varney

5. Date of Birth (Month, day year) Aug. 12, 1909

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick Forrest Varney
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Burwick, Maine (City or town) (State or foreign country)
14. Exact Occupation Confectioner
15. Industry or Business Confectionery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Rice
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Lone Jack, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead -- (d) Stillborn --

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 24 1941 (Date received) (b) Mary F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, F F Varney, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Frederick William Varney (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C Russel Weaver (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

F F Varney
Signature
519 Main St Lewiston Idaho
P. O. Address

Subscribed and sworn to before me on this 14th day of October 1941

(SEAL) Arnold P Wenzell Notary Public, residing at Lewiston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-110-0042-291

323057

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state) Filer Ida

4. **FULL NAME OF CHILD** William Farington Durfee
5. Date of Birth (Month, day, year) Jan. 10 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Tiffany Durfee
11. Color or Race White
12. Age at time of THIS birth ____ yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Brackenbury
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Salad City Utah (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) OCT 23 1941 (Date received) (b) Mary E Geier (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** X ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Isabel Edwards, being first duly sworn, say that I am the aunt (Related to (or) acquainted with) William Farington Durfee (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. B. Boyd (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Isabel Edwards Signature
Filer Ida P. O. Address

Subscribed and sworn to before me on this 22nd day of October, 1941

(SEAL) Lewis E Stack Notary Public, residing at Filer Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249-214-022847

323074

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Driggs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: None
In Hosp. or Mat. Home days.
IN **THIS** county 0 years 11 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Driggs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 months yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Florence Anne Smith
5. Date of Birth (Month, day year) Oct 14 1909
6. Sex Female
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Full Term
9. Legitimate? yes.

FATHER OF CHILD
10. **FULL NAME** Herbert Smith
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Leeds (City or town) Yorkshire (State or foreign country) England
14. Exact Occupation Carpenter
15. Industry or Business worked for self

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Florrie Huggins
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Leeds (City or town) Yorkshire (State or foreign country) England
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 12 noon M. on the date and at the place stated above, and that personal particulars were furnished by Florrie H Ward (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Oct 27-1914 (Date received) (b) Mary H Keeler (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Ora D Keith M.D. (D.O., Midwife, etc.)
and address Driggs, Idaho Date Oct 14 1909

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Signature
P. O. Address

Subscribed and sworn to before me on this day of , 19
(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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695-106-039-815

323075

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Power (b) City Pauline
(c) Street Address or R.F.D. No. Pauline
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 2 years - month - days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Pauline
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Pauline, Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** John Elias Fredrickson

5. Date of Birth (Month, day, year) 9/6/09

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Eugene Fredrickson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Christiania (City or town) Norway (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business Machine shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Hansen
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Christiania (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) OCT 23 1941 (Date received) (b) Nora I. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank Eugene Fredrickson, being first duly sworn, say that I am John Elias Fredrickson (Related to (or) acquainted with) (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Shandrews (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Frank Eugene Fredrickson Signature
518. So. Arthur Ave P. O. Address

Subscribed and sworn to before me on this 22nd day of October 1941

(SEAL) Edward G. Houde Notary Public, residing at Pocatello Idaho
Commission Expires Feb. 26-1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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434-117-025-434

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323114
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Clearwater
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county Ida 9 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Clwarwater Ida

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Otto Ulmer

5. Date of Birth (Month, day year) 11/17/09

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Konstantin Ulmer
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Rotenburg Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Wilhelmina Ulmer
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Rotenburg Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 20 1941 (Date received) (b) Maud T. Geler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Dr Busie (Deceased) M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Wilhelmina Ulmer, being first duly sworn, say that I am Related (Related to (or) acquainted with) Otto Ulmer (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Busie (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Wilhelmina Ulmer Signature
Clearwater Idaho P. O. Address

Subscribed and sworn to before me on this 21 day of October, 19 41
(SEAL) E. F. Clardauf Notary Public, residing at Kooskia Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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384-127-005-914

323116

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

OCT 27 1941 STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Benewah (b) City ST. JOE
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 4 days.
IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City ST. JOE
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address ST. JOE, IDAHO

3. RESIDENCE of FATHER (city, state) ST. JOE, IDAHO

4. FULL NAME OF CHILD ORVILLE DEL THURMOND

5. Date of Birth (Month, day year) JUNE 27-1909

6. Sex MALE **7.** Twin or Triplet X If so—born 1st, 2nd, 3rd X **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME ZARRAH DELMUS THURMOND
11. Color or Race WITE **12.** Age at time of THIS birth 33 yrs.
13. Birthplace KENTUCKY (City or town) (State or foreign country)
14. Exact Occupation SHOE COBBLER
15. Industry or Business SHOE REPAIR

MOTHER OF CHILD

16. FULL MAIDEN NAME ROXY RAMEY
17. Color or Race WHITE **18.** Age at time of THIS birth 36 yrs.
19. Birthplace St. Cloud, MINNESOTA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was — (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 27 1941 (Date received) (b) Mabel H. Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Kitsap } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

X I, Rollin A. Van Amburgh, being first duly sworn, say that I am related to (Related to ~~(or) acquainted with~~) Orville Del Thurmond (Name of person on certificate above) as HALF BROTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Busby (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rollin A. Van Amburgh Signature
2017 8th Ave. No., Seattle, Washington P. O. Address

Subscribed and sworn to before me on this 29 day of October A.D. 1941
(SEAL) Jess Stears Notary Public, residing at Bremerton

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

397-209-007-695

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323126
Local Reg. No.
Reg. Dist. No.

OCT 27 1941 RECEIVED

1. PLACE OF BIRTH
(a) County BLAINE (b) City SOLDIER
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days.
IN THIS county 27 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City SOLDIER
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 47 yrs.
(f) Mother's mailing address SOLDIER, IDAHO.

3. RESIDENCE of FATHER (city, state) SOLDIER, IDAHO

4. FULL NAME OF CHILD Margaret Hansford Lightfoot

5. Date of Birth (Month, day year) March 9, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME John Henry Lightfoot	16. FULL MAIDEN NAME JEANNETTIE LAIRD LIGHTFOOT Finch
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 55 yrs.	18. Age at time of THIS birth 45 yrs
13. Birthplace NEAR OWENSBORO (City or town) KENTUCKY (State or foreign country)	19. Birthplace SANTA QUIN. (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER	20. Exact Occupation HOUSEWIFE
15. Industry or Business "	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living 9
(c) Born alive and now dead 5 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 27 1941 (Date received) (b) Mabel E. Elder (Registrar's signature)

27. Given name RECEIVED on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, JEANNETTIE LAIRD LIGHTFOOT being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) MARGARET HANSFORD LIGHTFOOT (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. KINGSLEY (Name of attendant at birth), who attended said birth CANNOT LOCATE (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jeannettie Lightfoot Signature

P. O. Address

Subscribed and sworn to before me on this 25 day of September, 1941

(SEAL) Margaret Lee Notary Public, residing at Santa Monica

MY COMMISSION EXPIRES MAY 27, 194

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

745-107-041-695

323141

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 25 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Teton (b) City Driggs
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In ~~Hosp. or Mat.~~ Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Driggs
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Driggs Idaho

3. RESIDENCE of FATHER (city, state) ✓ ✓

4. FULL NAME OF CHILD Ruben Eugene Green

5. Date of Birth (Month, day year) Sept 7-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Barzilla James Green
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecelia Amelia Winger
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Nyman (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at Amelia M. on the date and at the place stated above, and that personal particulars were furnished by Cecelia (First name) Winger (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 25 1941 (Date received) (b) Mabel Fields (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Cache } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Cecelia, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Ruben Eugene Green (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Heath (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cecelia Amelia Green Signature
346 So. 5 E Logan Utah P. O. Address

Subscribed and sworn to before me on this 24th day of October, 1941
(SEAL) Com. Expires Mar. 14-1943 Notary Public, residing at Logan, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-11-0 28-718

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

323151

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Harrison
(c) Street Address or R F D No. General Del.
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. General Del.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address 1301 Second St.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Idaho

4. **FULL NAME OF CHILD** Wallace Joe Wilbur

5. Date of Birth (Month, day, year) July 11, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Alby Wilbur
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Ithaca (City or town) Michigan (State or foreign country)
14. Exact Occupation Logger in woods
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delia May Payne
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace Salem (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) OCT 27 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Delia May Wilbur, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wallace Joe Wilbur (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Acinda Payne (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Delia May Wilbur Name
1301 2nd St. Coeur d'Alene Ida. P. O. Address

Subscribed and sworn to before me on this 21 day of October, 1941

(SEAL) By Ardath Babbe, Deputy Jas. A. Foster Notary Public, residing at Clerk of the District Court Ex-Officio Auditor and Recorder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-106-001-391

323218

323218

United States
Department of Commerce
Bureau of Census

NOV 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County: Ada
(b) City: Boise
(c) Street Address or R.F.D. No.: 1124 Fort
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

RECEIVED

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: West 7 City
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address: West 7 City

3. RESIDENCE of FATHER (city, state): Boise Idaho

4. FULL NAME OF CHILD: Gerry Wright Manville

5. Date of Birth (Month, day year): Sept. 6, 1909

6. Sex: Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy .....

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Frank W. Manville
11. Color or Race: White
12. Age at time of THIS birth ..... yrs.
13. Birthplace (City or town): Central City (State or foreign country): Colorado
14. Exact Occupation: Foreman
15. Industry or Business:

MOTHER OF CHILD

16. FULL MAIDEN NAME: Jennie A. Crane
17. Color or Race: White
18. Age at time of THIS birth: 32 yrs.
19. Birthplace (City or town): Greensboro (State or foreign country): Vermont
20. Exact Occupation:
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: 3 (c) Born alive and now dead: 1 (d) Stillborn: 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was: Female (born alive, stillborn) at: 1 am M. on the date and at the place stated above, and that personal particulars were furnished by: Jennie Manville (First name) (Last name), who is related to this child as: Mother (Mother, etc.)

26. (a) NOV 4 1941 (Date received) (b) Carl L. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature: Ernest W. Stewart M.D. (D.O., Midwife, etc.)
and address: Boise Idaho Date: Nov 4-1941

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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869-204-416-714

323273

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 29 1941 RECEIVED

1. PLACE OF BIRTH
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county Life years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Malta

4. FULL NAME OF CHILD Clara Vada Horne

5. Date of Birth (Month, day year) Apr 4, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Horne
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Point Lookout, Utah (Now Tremonton) (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helena Ann Gamble
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ebba Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) OCT 29 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, William Horne, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Clara Vada Horne Hill (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Gamble (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

× William Horne Signature
× Blackfoot Idaho P. O. Address

Subscribed and sworn to before me on this 18 day of October 1941
(SEAL) Edna Beal Notary Public, residing at Blackfoot Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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963-106-002-154

323292

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. 2 miles
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: None
In Hosp. or Mat. Home days
IN **THIS** county 18 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Rigby

3. RESIDENCE of FATHER (city, state) Rigby

4. FULL NAME OF CHILD Elmer Rolfe

5. Date of Birth (Month, day year) 1/6/1909

6. Sex Male

7. Twin ~~or Triplet~~ If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Gilbert Rolfe
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Lehi (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maryan Anderson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Pleasant View (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Maryan (First name) Rolfe (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 29 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on Jan 16 by (Registrar's signature)

25. Attendant's **OWN** signature Mary Ann Bloomquist M.D. (D.O., Midwife, etc.)
and address 710 N. 5th Date x

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Margaret Clark (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Ann Bloomquist Signature
..... P. O. Address

Subscribed and sworn to before me on this 7th day of Oct, 194[illegible]
(SEAL) [illegible] Notary Public, residing at Pocatello
my commission expires May 10, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X 255-112-007-296.

323307

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH.
(a) County BLAINE (b) City HAILEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 23 years 8 month 28 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City HAILEY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address HAILEY, IDAHO

3. RESIDENCE of FATHER (city, state) HAILEY, IDA.

4. FULL NAME OF CHILD CLAUDE ANDREW BENSON

5. Date of Birth (Month, day year) APRIL 12, 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** SHADRACH JACKSON BENSON
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace WASHINGTON (City or town) KANSAS (State or foreign country)
14. Exact Occupation MERCHANT
15. Industry or Business CLOTHIER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BESSIE JANE BROWN
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace HAILEY (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by BESSIE (First name) BENSON (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) OCT 30 1941 (Date received) (b) Maud Heller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [illegible] M.D. (D.O., Midwife, etc.)
and address Hailey Ida Date Oct 24-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-118029-399

323310

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 16 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address MOSCOW IDAHO

3. RESIDENCE of FATHER (city, state) MOSCOW IDAHO

4. FULL NAME OF CHILD LESTER H. ROGERS.

5. Date of Birth (Month, day year) Sept 18 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** THOMAS HIRAM ROGERS.
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace COTTAGEGROVE (City or town) OREGON (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LADESSA ELLEN TRITT
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace MANHATTAN (City or town) KANSAS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I DONT KNOW
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by LADESSA (First name) ROGERS (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) Oct 31-1941 (Date received) (b) Harry H Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, LADESSA ROGERS, being first duly sworn, say that I am RELATED TO ROGERS (Related to (or) acquainted with) LESTER H ROGERS (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. C. L. GRITMAN (Name of attendant at birth) who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Ladessa Ellen Rogers (Signature)
Moscow Idaho RFD (P. O. Address)

Subscribed and sworn to before me on this 29 day of October, 1941.
(SEAL) Jack McQuade Notary Public, residing at Moscow, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312 227033 319

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323416
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Madison (b) City REXBURG
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County
(c) City Menan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Menan, Ida.

4. **FULL NAME OF CHILD** Leatha Viola Casper

5. Date of Birth (Month, day, year) Feb. 27, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Duncan Alonzo Casper
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Platt, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Elizabeth Card
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace North Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) NOV 3 1941 (Date received) (b) Mabel H. Eckler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ethel Burgess, being first duly sworn, say that I am related (Related to (or) acquainted with) Leatha Viola Casper (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ricks (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ethel Burgess — Signature
Los Angeles Calif. — P. O. Address

Subscribed and sworn to before me on this 21 day of August 1941

(SEAL) Clara M. Owens — Notary Public, residing at Los Angeles, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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323422

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 5 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Milo
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home ..... days.
IN **THIS** county ~~1909~~ years May month 19 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Milo
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 41 yrs.
(f) Mother's mailing address Idaho Falls R 1

3. RESIDENCE of FATHER (city, state) Milo Idaho

4. FULL NAME OF CHILD Gilbert Roland Newman

5. Date of Birth (Month, day year) 19 May 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Gilbert Samuel Newman
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Ploa (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Julia Andersen
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Goshen (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Julia M. The Newman (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) NOV 5 1941 (Date received) (b) Mabel H. Geeler (Registrar's signature)

27. Given ~~name~~ added on RECEIVED by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sarah Julia Newman, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Gilbert Roland Newman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Josephine Thomp[illegible] (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah Julia Newman
Signature
Route #1, Idaho Falls, Idaho
P. O. Address

Subscribed and sworn to before me on this 3rd day of November, 19 41

(SEAL) W. L. Beaumont
By Lulu Lolley, Deputy
CLERK OF THE DISTRICT COURT

Notary Public, residing at Idaho Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

323474

1. [redacted] OF BIRTH
County [redacted]coville
City of [redacted] Falls
No. RFD3 St.
(If born in hospital or institution give name.)

NOV 5 19[redacted]
RECEIVED

Registration District No. 611 State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Ray Leon Glanzman

3. Sex: Male

If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth

6. Premature; Full term Yes

7. Legitimate? Yes

8. Date of birth August 17 1909 (Month, Day, Year)

FATHER

9. Full name: William Earnest Glanzman
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls, Idaho
11. Color or race: White | 12. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or Country): Dayton, Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work: August, 1909
17. Total time (years) spent in this work: Life

MOTHER

18. Full maiden name: Ida Jeffery
19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls, Idaho
20. Color or race: White | 21. Age at last birthday: 28 (years)
22. Birthplace (city or place) (State or Country): Waverly, Nebraska

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House work
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
25. Date (month and year) last engaged in this work: Aug. 17, 1909
26. Total time (years) spent in this work: Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation: months or weeks

30. Cause of stillbirth: Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2.08 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) X Ida J. Glanzman, M. D.
or , Midwife
Address Idaho Falls, Idaho
Filed June 21, 1940 [illegible]
Registrar.

731 17310 156

NOV 5 1941

RECEIVED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonneville } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ida J. Glanzman being first duly sworn says that she is the mother (Relationship of child)* of Ray Leon Glanzman born August 17th, 1909 (Date of birth) at Idaho Falls, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Ray Leon Glanzman hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. S. S. Fuller, M. D., was the ~~Midwife~~ medical attendant at the birth of said Ray Leon Glanzman and that the said medical attendant ~~is~~ - cannot be located.
(~~Now deceased~~ (or) cannot be located)

Name of Affiant Ida J. Glanzman

P. O. Address RFD#3, Idaho Falls, Idaho.

Subscribed and sworn to before me this 30th day of October, 19 41

Lurie R. Reeder
Notary Public.

Residing at Idaho Falls, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

331 108 037 362

#323493

United States
Department of Commerce
Bureau of Census

NOV 12 1941
RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323493
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Clayce (b) City Dewey
(c) Street Address or R.F.D. No. Box Del
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Clayce
(c) City Dewey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Box Del Boise

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Johnny Lyle Clayton

5. Date of Birth (Month, day year) July 8, 1909

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Robert Harvey Clayton
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Roanoke (City or town) Virginia (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Jean Cobb
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 4 M. on the date and at the place stated above, and that ~~personal~~ particulars were furnished by Minnie Clayton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 12 1941 (Date received) (b) Mary I. Elder (Registrar's signature)

27. Given ~~Received~~ and filed on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Dr Hamilton M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Minnie Clayton, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Johnny Lyle Clayton (Name of person on certificate above) Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Hamilton (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie Clayton Signature
Box Del Boise Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of November 1941
(SEAL) Jewell B. Smith Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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396 115 014 298

323499

United States
Department of Commerce
Bureau of Census

NOV 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323499
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County Canyon (b) City Nampa, Idaho
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 5 Mths. yrs.
(f) Mother's mailing address Nampa, Idaho

3. RESIDENCE of FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD William Clinton Trobaugh

5. Date of Birth (Month, day year) 8-15-1909

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mos Legitimate? yes

FATHER OF CHILD

10. FULL NAME Claude Clarence Trobaugh
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Corydon, Indiana (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Wallace Bryant
17. Color or Race white **18.** Age at time of THIS birth 25 yrs
19. Birthplace Marion, Kentucky (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 12 1941 (Date received) (b) Marc F. Geiler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillian Trobaugh, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Clinton Trobaugh (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Quick, Nampa, Idaho (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lillian Trobaugh Signature
P. O. Address

Subscribed and sworn to before me on this 10th day of November 19 41
(SEAL) [signature] Notary Public, residing at Nampa, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

215-113-035-312

323507

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323507
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Summit
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mrs Beakley's Maternity Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home no days.
IN **THIS** county 7 years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Summit
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD George Castor Sanderson
5. Date of Birth (Month, day year) 2/13/1909
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John London Sanderson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Port Oren, Michigan (City or town) (State or foreign country)
14. Exact Occupation General Merchant
15. Industry or Business Merchant & Post Master

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Bertha Maude Castor
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Benton County, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborth) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Jan 13-1941 (Date received) (b) Mattie F. Eller (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Cris Castor Smith, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Castor Sanderson (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Harrington (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Cris Castor Smith Signature
Rt. #1, Box 15, Clarkston, Washington P. O. Address

Subscribed and sworn to before me on this 28th day of October 1941
(SEAL) John H. Woods Notary Public, residing at Lewiston, Idaho
Comm Expires Feb 15-42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

66 211-CO-466

323520

United States
Department of Commerce
Bureau of Census

NOV 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323520
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 555 D Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 555 D street
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Margaret Louise Fowler
5. Date of Birth (Month, day year) Dec. 11-1919
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John Chrysostom Fowler
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace St Augustine (City or town) Illinois (State or foreign country)
14. Exact Occupation Produce Business
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ellen Susanna Moore Fowler
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Wanship (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 a. M. on the date and at the place stated above, and that personal particulars were furnished by Ellen S. Fowler (First name) (Last name), who is related to this child as Mother (Mother, etc)

26. (a) NOV 13 1941 (Date received) (b) Mary E. Elder (Registrar's signature)
RECEIVED
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature O. W. Clues M.D. (D.O., Midwife, etc.)
and address IDAHO FALLS, IDAHO Date 11-10-41
Robert Coleet
NOTARY PUBLIC, RESIDING AT IDAHO FALLS, IDAHO

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437114003-316

323525

323525

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 409 - South - 11th
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
IN **THIS** county 12 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 409 South 11th
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Woodward Okla.

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Harold McGrath

5. Date of Birth (Month, day year) June 14-1909

6. Sex Boy **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy Full **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Hamblin McGrath
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Medicine Lodge Kansas (City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business Painting

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanch Lawrence
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Medicine Lodge Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 12 1941 (Date received) (b) Maude Geeslin (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oklahoma
County of Woodward } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Blanch Lawrence McGrath, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Harold McGrath (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1907 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that H. W. Castle (Name of attendant at birth), who attended said birth Cannot be Located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Blanch Lawrence McGrath Signature
Woodward Okla. P. O. Address

Subscribed and sworn to before me on this 23 day of Oct 1941

(SEAL) H. W. Ely Notary Public, residing at Woodward Okla.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-125010-613

United States
Department of Commerce
Bureau of Census

NOV 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323536
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. Home
IN **THIS** county 1 years 9 month 1 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address deceased.

3. RESIDENCE of FATHER (city, state) Idaho Falls Ida.

4. FULL NAME OF CHILD John T. Waters Nelson

5. Date of Birth (Month, day year) Oct. 25, 1909

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Holiver John Nelson
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Belle Waters
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace DeWitt, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 yr.
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as ..... (First name) (Last name)

26. (a) NOV 6 1941 (Date received) (b) Maline H. Geeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [illegible] M.D. (D.O., Midwife, etc.)
and address Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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11-7-14

-713-218-036-813

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 6 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323541
Local Reg. No. 117
Reg. Dist. No. 541

Oneida

1. PLACE OF BIRTH
(a) County ~~Franklin~~ (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

RECEIVED

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Fairview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Fairview, Idaho

4. FULL NAME OF CHILD Oretta Leona Gilbert

5. Date of Birth (Month, day year) Oct 18-1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Daniel Gilbert
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Loretta Hall
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

G. W. Stales

26. (a) NOV 6 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature G. W. Stales M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

11-7-41

314 - 211 - 035 - 315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323569
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** RECEIVED (a) County Owyhee (b) City Grandview
(c) Street Address or R F D No. 0 Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. In **THIS** county 17 years ....months ....days. At own home

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City Grand View
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Grand View

3. **RESIDENCE OF FATHER** (city, state) Grand View Idaho

4. **FULL NAME OF CHILD** Cora Evelyn Lawrence

5. Date of Birth (Month, day, year) Feb. 11 1909

6. Sex Female

7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Harison Lawrence
11. Color or Race White
12. Age at time of THIS birth 57 yrs.
13. Birthplace Hoboken (City or town) New Jersey (State or foreign country)
14. Exact Occupation Farmer & Fruit Grower
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nina Canady
17. Color or Race White
18. Age at time of THIS birth 36 years
19. Birthplace Hubert Onslow C N C (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead .... (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mother (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 7 1941 (Date received) (b) Mabel H. Eccles (Registrar's signature)

27. Given name added on ....by .... (Registrar's signature)

25. Attendant's **OWN signature** Father M.D. or Mother (D.O., Midwife, etc.) and address None Date

State of ....
County of .... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nina Lawrence Murphy being first duly sworn, say that I am The Mother (Related to (or) acquainted with) of Cora Evelyn Lawrence (Name of person on certificate above) as ....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Father (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nina Lawrence Murphy Name
Cambridge Idaho P. O. Address

Subscribed and sworn to before me on this 31 day of October 1940

(SEAL) Chas. A. Allen Notary Public, residing at 218 Chase Dr San Fernando - Calif

My Commission Expires April 10, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11-13-71

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-113 040 462

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323578
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Burke, Idaho

3. RESIDENCE of FATHER (city, state) Burke, Idaho

4. FULL NAME OF CHILD Loren Johnston Sargent

5. Date of Birth (Month, day year) June 13, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest William Sargent
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ashland (City or town) Oregon (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Mosher
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Plankenton (City or town) South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 7 1941 (Date received) (b) Mary H. Euler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Columbia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nellie Sargent, being first duly sworn, say that I am related to (Related to (or) acquainted with) Loren Johnston Sargent (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jerry Hudson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nellie Sargent — Signature
Goble, Oregon — P. O. Address

Subscribed and sworn to before me on this 1st day of November, 1941

(SEAL) Ruth J. Mercer — Notary Public, residing at St. Helens, Oregon
My Commission Expires December 30, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255 209 003 318

323580

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 7 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 26 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address Downey, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Jennie Louise Kendall

5. Date of Birth (Month, day year) Aug. 9, 1909

6. Sex female

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Allen Kendall
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Oxford, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Louise Taylor
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Preston, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) NOV 7 1941 (Date received) (b) Mary E. Eller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Laura Louise Kendall, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jennie Louise Kendall (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Hancock (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Laura Louise Kendall — Signature
Route # 3, Nampa, Idaho — P. O. Address

Subscribed and sworn to before me on this 7th day of November 1941
(SEAL) Mary E. Eller Notary Public, residing at Nampa, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11-10-41

FEB 7 1972

MAR 6 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133 114 010-753

United States Department of Commerce Bureau of Census

NOV 7 1941 RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323582
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Ucon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Baby was born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Rollin Lyman Allen

5. Date of Birth (Month, day year) March 14, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Edwin Allen
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Hyrum, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Alvina Peterson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Hyrum, Utah (City or town) (State or foreign country)
20. Exact Occupation Home maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 7 1941 (Date received) (b) Mabel H. Geiler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Minnie Alvina Peterson Allen being first duly sworn, say that I am Related (Related to (or) acquainted with) Rollin Lyman Allen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Josephine Thompson (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie Alvina Peterson Allen Signature
Ucon, Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of October, 1941
(SEAL) Arthur R. Muskin Notary Public, residing at Ucon, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-130-007 285

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 7 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323595
Local Reg. No. 168
Reg. Dist. No. 410

1. PLACE OF BIRTH
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Bellevue, Idaho

3. RESIDENCE of FATHER (city, state) Bellevue, Idaho

4. FULL NAME OF CHILD Lester Roland Larsen

5. Date of Birth (Month, day year) 5-30-1909

6. Sex Male

7. Twin or Triplet Twin If so—born ~~1st~~, 2nd, ~~3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christie Peter Larsen
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace unknown (City or town) Denmark (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Shepherd
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Marysville Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AGNO3
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at ..... M. on the date and at the place stated above and that personal particulars were furnished by Maud Larsen (First name) (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) 11-4-1941 (Date received) (b) Robert H. Wright (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Maud Larsen, being first duly sworn, say that I am related (Related to (or) acquainted with) Lester Roland Larsen (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Marks (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Maud Larsen Signature
Bellevue Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of November, 1941
(SEAL) Conway Gillespie Notary Public, residing at Bellevue

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296 105-006156

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

Bingham

State File No. 323605
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls, Ida.
(c) Street Address or R.F.D. No. Rt 4
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Roy Bro

5. Date of Birth (Month, day year) 5/5/09

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Arvid Bro
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Versas (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara May Jeffery
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Waverley (City or town) Nebraska (State or foreign country)
20. Exact Occupation Hous ewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5 (c) Born alive and now dead None (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) NOV 7 1941 (Date received) (b) Mabel L Eelder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Clara Jeffery Bro, being first duly sworn, say that I am related (Related to (or) acquainted with) to Roy Bro (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that doctor (Name of attendant at birth), who attended said birth do not remember his name (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Clara M. Bro. Signature
Route 1, Yakima, Washington. P. O. Address

Subscribed and sworn to before me on this 6 day of November, 1941
(SEAL) ..... Notary Public, residing at Yakima

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

10-15-41.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

193-116-003-266

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 7 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323615
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Mink Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 12 years – month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Salt Lake City

3. RESIDENCE of FATHER (city, state) Salt Lake City

4. FULL NAME OF CHILD Whitney Parker Richards

5. Date of Birth (Month, day year) April 16th 1909

6. Sex Male

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Hinton Richards
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Virgin City (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD Sofia

16. **FULL MAIDEN NAME** Jennie Larson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Brigham City (City or town) Utah (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) Nov 7-1941 (Date received) (b) Mark E. Eldredge (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Samuel Hinton Richards, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Whitney Parker Richards (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Adria Ellis Murphy (Name of attendant at birth) who attended said birth, Cannot be located (~~Is now deceased (or)~~ cannot be located) and that this birth has not been previously recorded.

Samuel Hinton Richards Signature
63 Nagle Court Salt Lake City P.O. Address

Subscribed and sworn to before me on this 6th day of November 1941
(SEAL) Paul Houtz Notary Public, residing at 880 West No Temple Salt Lake City, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-216-008-242

United States
Department of Commerce
Bureau of the Census

RECEIVED
JUN 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323616
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Boise (b) City Ola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 8 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Ola
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Ola Ida
3. RESIDENCE of FATHER (city, state). Ola Ida

4. FULL NAME OF CHILD Gertrude Mandana Mobley
5. Date of Birth (Month, day, year) 1941 Oct 14
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Bryce Mobley
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Gien Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lelia May Bandingham
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Otsego Mich (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 7 1941 (Date received) (b) [illegible] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lelia May Mobley, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Gertrude Mandana Mobley (Name of person on certificate above) Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Dunn (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lelia May Mobley Signature
Lyons Ore P. O. Address

Subscribed and sworn to before me on this 21st. day of June, 1941.
(SEAL) W. D. McCarty Notary Public, residing at Battle Ground

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

718-109-022-599

323620

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH Fremont
(a) County ~~Madison~~ (b) City
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County ~~Madison~~ FREMONT
(c) City
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Ihorntan

3. RESIDENCE of FATHER (city, state) IDAHO

4. FULL NAME OF CHILD Ernest Joseph Payn
5. Date of Birth (Month, day year) August 9, 1909
6. Sex MALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Hilery Payn
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Maple Grove (City or town) Michigan (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Matilda Erickson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Tolhattan (City or town) Sweden (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother etc)

26. (a) Nov 12-1941 (Date received) (b) Mary Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Hilery Payn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ernest Joseph Payn (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary ann Watts (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hilery Payn Signature
P.O. Address

Subscribed and sworn to before me on this 7th day of Nov. 1941.
(SEAL) Dee Fowler Notary Public, residing at Rexburg, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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155 108-006-132

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No fee for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 8 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323654
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 49 yrs.
(f) Mother's mailing address Shelley, RFD 1

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Martin Jensen, Jr.

5. Date of Birth (Month, day year) 4-8-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Martin Jensen
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Albertina Albertson
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Hyrum, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 8 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Albertina Jensen, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Martin Jensen, Jr., [redacted] (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Eliza Jemmett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Albertina Jensen — Signature
Shelley, Idaho, RFD 1 — P. O. Address

Subscribed and sworn to before me on this 6th day of November 1941.
(SEAL) [signature] Notary Public, residing at Shelley, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365/03 006815

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323692
Local Reg. No.
Reg. Dist. No.

Idaho Falls R1

1. PLACE OF BIRTH
(a) County Bingham (b) City
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Iona Idaho

3. RESIDENCE of FATHER (city, state) Iona Idaho

4. FULL NAME OF CHILD Harold Hansen Conrad

5. Date of Birth (Month, day year) Oct 3rd 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, ~~2nd, 3rd~~ **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Harold Conrad
11. Color or Race white **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Hansen
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Iona Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above and that personal particulars were furnished by Dr. Bridges (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 12 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ida Conrad, being first duly sworn, say that I am related to (Related to (or) acquainted with) Harold Hansen Conrad (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bridges (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida Conrad
Signature
Iona, Idaho
P. O. Address

Subscribed and sworn to before me on this 10th day of November 19 41

(SEAL) [illegible] ~~Notary Public~~, residing at Idaho Falls Idaho
CLERK OF THE DISTRICT COURT
By Grace McIntosh, Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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391-115 028 884

323723

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mrs. Drake's Maternity Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 7 days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rose Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Wade Phygene Hyde Crawford
5. Date of Birth (Month, day year) April 15, 1909
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Chipman Langford Crawford
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace St. John (City or town) New Brunswick (State or foreign country)
14. Exact Occupation Forestry
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Millie Myrtle Hyde
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Spokane (City or town), Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) NOV 13 1941 (Date received) (b) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. A. W. Morrison, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wade Phygene Hyde Crawford (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Nelson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. A. W. Morrison Signature
4305 N.E. 35 Ave. P. O. Address

Subscribed and sworn to before me on this 14 day of Nov 1941
(SEAL) M. M. Allen Notary Public for Oregon, residing at Portland Oregon
My commission expires June 27, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165-21 032-597

323746

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lincoln (b) City Shoshone
(c) ~~Street Address or~~ R.F.D. No.
(d) Name of Hospital or Maternity Home: at my home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 18 month 12 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 months yrs.
(f) Mother's mailing address Shoshone
3. RESIDENCE of FATHER (city, state) Shoshone Ida

4. FULL NAME OF CHILD Sadie Eloise Jones ~~Constantine~~
5. Date of Birth (Month, day year) 7/11/1909
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME William M Jones
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Butte Montana (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Lily Eighorn
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Glendale Montana (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 13 1941 (Date received) (b) Mabel H Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Lily Jones, being first duly sworn, say that I am related (Related to (or) acquainted with) Mrs Sadie Jones ~~Constantine~~ (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Baugh (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Mrs. Lily Jones Signature
Battle Ground Wash. R2 Box 134 P. O. Address

Subscribed and sworn to before me on this 14 day of Oct 1941.
(SEAL) Lloyd Dr Baugh Notary Public, residing at Vancouver

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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369 123 036 154

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323763
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Franklin~~ Oneida (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Franklin~~ Oneida
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.
(f) Mother's mailing address 571 North 3rd East

3. RESIDENCE of FATHER (If dead state) Logan Utah

4. FULL NAME OF CHILD Heber Anderson Corbridge

5. Date of Birth (Month, day year) August 23, 1909

6. Sex Male **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 7 **9.** Legitimate? no.

FATHER OF CHILD

10. FULL NAME Joseph Heber Corbridge
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Charolitt Anderson
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 14 1941 (Date received) (b) Maurel H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Cache } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Esther C. Anderson Buckeley, being first duly sworn, say that I am mother (Related to (or) acquainted with) Heber Anderson Corbridge (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Herbert Adamson (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Esther C. Anderson Buckeley Signature
Logan Utah P. O. Address

Subscribed and sworn to before me on this 13 day of Nov, 1941.
(SEAL) M J Cronkhite Notary Public, residing at Logan Ut
Cache Co. Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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731 114 028 312

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323767
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 901-9 th ST.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home days; IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City COEURD'ALENE
(d) Street Address or R.F.D. No. 901-NINTH ST
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address [redacted] 901 9th

3. RESIDENCE of FATHER (city, state) COEURD'ALENE - IDAHO

4. FULL NAME OF CHILD Clarence Thomas Gladding

5. Date of Birth (Month, day, year) OCT-14-1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Granville Gerry Gladding	16. FULL MAIDEN NAME Emma Casperson
11. Color or Race White	17 Color or Race White
12. Age at time of THIS birth 30 yrs.	18. Age at time of THIS birth 23 yrs.
13. Birthplace Florence, Goodhue Co. Minnesota (City or town) (State or foreign country)	19. Birthplace Darlington, Lafayette Co. Wis. (City or town) (State or foreign country)
14. Exact Occupation Electrician	20. Exact Occupation Housewife
15. Industry or Business Rutledge Lumber CO.	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15% Neo Silver Solution

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) NOV 14 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on by (Registrar's signature)

RECEIVED

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of KOOTENAI } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, [illegible], being first duly sworn, say that I am (Father of related) (Related to ~~(or) acquainted with~~) Clarence Thomas Gladding (Name of person on certificate above) as his father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Martha Casperson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

[illegible] Signature
901 9th St. Coeur d'Alene P. O. Address

Subscribed and sworn to before me on this 13 day of November, 1941

(SEAL) By Ardath Bakke, Deputy Jas. A. Foster ~~Notary Public residing at~~ Clerk of the District Court and ex-officio Auditor and Recorder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313 116 035 652

323791

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323791
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Fletcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 5 years 1 month 0 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Fletcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Fletcher, Idaho

3. RESIDENCE of FATHER (city, state) Fletcher, Idaho

4. FULL NAME OF CHILD Loyal Elmer Talbott

5. Date of Birth (Month, day year) April 16, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Elzy Talbott
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Bethel (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eunice Jane Westall
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Asheville, (City or town) N. Carolina (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 19 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eunice Jane Talbott, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Loyal Elmer Talbott (Name of person on certificate above) as the mother of my son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Arville J. Hanson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eunice Jane Talbott Signature
303 N. Jefferson, Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of November, 1941.
(SEAL) Bernice Pence Notary Public, residing at Moscow, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-113-010-553

323801

323801

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 21 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) RECEIVED
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County then Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs, I.

4. FULL NAME OF CHILD THEODORE PATRICE LAKEY

5. Date of Birth of Child (Month, day, year) Sept. 13, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Vance Tilden Lakey
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Etna, (City or town) North Carolina (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Jane Nelson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Minkcreek, (City or town) Franklin Co., Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that Neighbor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vance Tilden Lakey Signature

P. O. Address

Subscribed and sworn to before me this 21st day of November, 1941

(SEAL) G. Gardner Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 21 1941 by Mary H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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#323804

United States
Department of Commerce
Bureau of Census

NOV 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323804
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. **PLACE OF BIRTH**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. E Franklin
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address E Franklin

3. **RESIDENCE of FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** William Harry Bailey

5. Date of Birth (Month, day, year) Oct 1, 1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** August F Bailey
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation motorman street car
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maybelle M Adams
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Athens (City or town) Ohio (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born liv (born alive, stillborn) at 2:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 22 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Ralph Foll M.D. (D.O., Midwife, etc.)
and address Boise. Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) Nov 22-1941 Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or ~~Mat.~~ Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address RF# 2 Boise, Idaho

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Carl Henry (Jack) Hugg

5. Date of Birth (Month, day year) 6/30/1909

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Alexander A. Hugg
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace St. Louis (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addy Barns
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as ..... (First name) (Last name)

26. (a) Nov 27-1941 (Date received) (b) Maud Fielder (Registrar's signature) (Mother, etc)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Addie Hugg, being first duly sworn, say that I am mother (Related to (or) acquainted with) Carl Henry (Jack) Hugg (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Barton (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Addie Hugg Signature
Boise R.F.D. No 1 P. O. Address

Subscribed and sworn to before me on this 27 day of November, 1941.
(SEAL) James S Bryant Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323818
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 9 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Middleton, Idaho

3. RESIDENCE of FATHER (city, state) Middleton

4. FULL NAME OF CHILD Velma Lucile Murphy

5. Date of Birth (Month, day year) June 16, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clevan James Murphy
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Clarkston (City or town), West Virginia (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estella Caroline Jarvis
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Laramie (City or town), Wyoming (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 26 1941 (Date received) (b) Mabel E. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Estella C. Murphy, being first duly sworn, say that I am related to (Related to (or) acquainted with) Velma Lucile Murphy (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. W. Hamer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Estella C. Murphy Signature
Middleton, Idaho P. O. Address

Subscribed and sworn to before me on this 25 day of Oct 1941
(SEAL) Jessie S. Walker Notary Public, residing at Caldwell Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

NOV 26 1941

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls

4. FULL NAME OF CHILD William Ray Buck

5. Date of Birth of Child (Month, day, year) 1-4-09

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Murrell Norman (Boy) Buck
11. Color or Race W
12. Age at time of THIS birth 22 yrs.
13. Birthplace Spencer (City or town) Iowa (State or foreign country)
14. Exact Occupation Stock Dealer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Gregory Smith
17. Color or Race W
18. Age at time of THIS birth 20 yrs.
19. Birthplace Youngstown (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living one.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Murrel N. (First name) Buck (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 22 years, and that Dr. Faddy (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Murrell Norman (Boy) Buck Signature
Sunnyside Washington P. O. Address

Subscribed and sworn to before me this 26th day of November, 1941.
(SEAL) [illegible] Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 26 1941 by Mabel Fleetwood, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

323855

RECEIVED NOV 17 1941

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Kootenai
City of St. Maries
No. Capitol Hill St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Pearl Francis Gaskill

3. Sex, Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth 12-14, 1909 (Month, Day, Year)

FATHER

9. Full name James Henry Gaskill

10. Residence (usual place of abode) (If non-resident, give place and State) St. Maries, Ida.

11. Color or race White | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Layton Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street + Wat. Commissioner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. City gov't.

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work 2 yrs

MOTHER

18. Full maiden name Della May Roberts

19. Residence (usual place of abode) (If non-resident, give place and State) St. Maries, Ida. ~~Brownville, Nebr.~~

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Brownville, Nebr.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation — { months or weeks

30. Cause of Stillbirth — { During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 8:00 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Roberts ..... M. D.
or × Della May Gaskill Mother ~~Midwife~~
Address 1629 Jefferson St. Salt Lake City, Utah
Filed Nov 18-41, 193 Mabel I. Elder
Registrar.

7/2 · 214 028 962

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Salt Lake } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Della May Gaskill being first duly sworn says that she is the Mother (Relationship of child)* of Pearl Francis Gaskill born December 14, 1909 (Date of birth) at St. Maries, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Pearl Francis Gaskill hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Evelyn Gaskill ~~M. D.~~ was the Midwife medical attendant at the birth of said Pearl Francis Gaskill and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant x Della May Roberts Gaskill
P. O. Address 1629 Jefferson St., Salt Lake City, Utah

Subscribed and sworn to before me this 6th day of Feb, 1941

My Commission Expires Mar. 2, 1943

Notary Public.

Residing at Murray, Utah, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 18 1941

IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unrecorded birth when such certificate is not attested by signature of attending physician or midwife.)

State of ..... } ss.
County of ..... }

..... being duly sworn says that

..... is the ..... of

(Relationship of child)

born ..... at ..... Idaho,

(Date of birth)

..... to have the said birth
..... contained in the certifi-
cate of birth of the said ..... and that
..... and that the birth has not been previously recorded.

Affiant further states that ..... was the
medical attendant at the birth of said child and that
the said medical attendant is ..... and that
(Name deceased or cannot be located)

Name of Affiant .....

R. O. Address .....

Subscribed and sworn to before me this ..... day of ..... 19..., to .....

..... Notary Public.

Residing at ..... Idaho.

If the child and the parent are living, the affiant must be the parent of the child. In other cases the affiant must state that from the relationship of the affiant, as ..... (Relationship)

(13 120 029 286

United States
Department of Commerce
Bureau of the Census

NOV 17 1941
RECEIVED

sure the information is as of date of birth of THIS child)

State File No. 323872

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Elmer A. Watson

5. Date of Birth (Month, day, year) July 20 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hugh Everment Watson
11. Color or Race White **12.** Age at time of THIS birth ..... yrs.
13. Birthplace Independence Oregon (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Shockley
17. Color or Race White **18.** Age at time of THIS birth ..... yrs.
19. Birthplace Georgia ? (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 17 1941 (Date received) (b) Mabel H. Felker (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

Hugh E. Watson P. O. Address Kamiah, Idaho

Subscribed and sworn to before me on this 14 day of November, 1941

(SEAL) Philip Weisgerber Notary Public, residing at .....

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1907 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics [illegible] when such birth is supported by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or in the absence of father or mother or guardian, if living or ascertainable, of the parents of the or guardian, or some person having direct knowledge in the premises.

349-119-029-293

323927

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Julietta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
IN **THIS** county years month days

RECEIVED NOV 18 1941

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Julietta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Delbert Edwin Turner

5. Date of Birth (Month, day year) 6-19-09

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Allen Turner
11. Color or Race W
12. Age at time of THIS birth 25 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business Newspaper

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Kets
17. Color or Race W
18. Age at time of THIS birth 23 yrs.
19. Birthplace Johnson Wash (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) NOV 18 1941 (Date received) (b) Mabel Heller (Registrar's signature)

27. Given name recorded on ....by ....(Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs J. H. Millard, being first duly sworn, say that I am related (Related to (or) acquainted with) ....(Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rothwell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs J. H. Millard ....Signature
Julietta Idaho ....P. O. Address

Subscribed and sworn to before me on this 14 day of November, 19 41
(SEAL) Mae Stauffer Notary Public, residing at Lewiston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-101-042-314

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323944
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.
(f) Mother's mailing address Mackay, Idaho

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Milton Young

5. Date of Birth (Month, day year) May 1st, 1909

6. Sex Male **7.** Twin ~~yes~~ ✓ ~~Triplet~~ If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 8 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lemuel Marion Young
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Kanara, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Campbell
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Washington, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 10 (c) Born alive and now dead 4 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 19 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jane Young, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Milton Young (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emma Griffith (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jane Young Signature
Mackay, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of November, 19 41
(SEAL) [signature] Notary Public, residing at Mackay, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 29 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-201-02/2-964

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323945
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 11 month 9 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.
(f) Mother's mailing address Filer Idaho

3. RESIDENCE of FATHER (city, state) Filer Idaho

4. FULL NAME OF CHILD Lola Ellen Vanausdeln

5. Date of Birth (Month, day year) March 1-1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oliver Purcell Vanausdeln
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Girard (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olivia Ann Rounds
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Bloomington (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at 6:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Olivia Vanausdeln (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 13 1941 (Date received) (b) [illegible] (Registrar's signature)

25. Attendant's **OWN** signature A. A. Newberry M.D. (D.O., Midwife, etc.)
and address Twin Falls Ida Date 11/16/41

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-118-024-243

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323950
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Paris
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 12 month 11 days 10

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Paris, Idaho.

3. RESIDENCE of FATHER (city, state) Paris, Ida.

4. FULL NAME OF CHILD Arnold Buck Smedley

5. Date of Birth (Month, day year) 5-18-09

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Joynes Smedley
11. Color or Race White **12.** Age at time of THIS birth 72 yrs.
13. Birthplace Wadsley (City or town) England (State or foreign country)
14. Exact Occupation Brick Manufacturer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Buck
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Hucknall Torkard, (City or town) England (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ida B. Smedley (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Nov 19 1941 (Date received) (b) Mabel Heller (Registrar's signature)

27. Given ~~name~~ added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ida B. Smedley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arnold Buck Smedley (Name of person on certificate above) as his Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo. F. Ashley (Name of attendant at Birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida B Smedley — Signature
Paris, Idaho. — P. O. Address

Subscribed and sworn to before me on this 8th day of November 19 41
(SEAL) Mea L. Otter Notary Public, residing at Paris, Idaho.

See Other Side.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Paris, Idaho
Nov 8, 1941

Personally appeared before me this date, Ida Buck Smedley, and she states that Arnold Buck Smedley was born to her on the 18th of May, 1909 ~~out of~~ due to wedlock with Thomas ~~Geng~~ Joynes Smedley, that he is my legitmate child, and the sixth child, I bore Thomas Joynes Smedley. That this is my and Thomas Joynes Smedley's child born on the above date. That no records were made of births at the date of his birth. That he was born in Paris, County of Bear Lake, State of Idaho. That the doctor attending me, and the lady that helped him are deceased.

Signed

Subscribed and sworn to before me this 8th of Nov., 1941.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

11-21-41

613-124 604-363

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323956
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Midvale Idaho

4. FULL NAME OF CHILD Charles Benjamin Watermann

5. Date of Birth (Month, day year) June 24, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willis Watermann
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Not known. (City or town) in United States. (State or foreign country)
14. Exact Occupation Farm Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lela Myrtle Collier
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Lincoln, (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Lela Myrtle (First name) Watermann (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) NOV 19 1941 (Date received) (b) Mabel H. Elfes (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Okanogan } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lela Myrtle Hubbard, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Benjamin Watermann (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lela Myrtle Hubbard Signature
P. O. Address

Subscribed and sworn to before me on this 13 day of Nov 19 41
(SEAL) H. L. Davis Notary Public, residing at Okanogan Wn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

599-116-022-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323987
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Madison (b) City: Archer
(c) Street Address or R.F.D. No.: Thornton Route #1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 6 ~~months~~ ~~days~~

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Fremont now Madison
(c) City: Archer
(d) Street Address or R.F.D. No.: Thornton, Route #1
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Henry Erick Erickson

5. Date of Birth of Child (Month, day, year): Feb. 16th 1909

6. Sex: Male

7. Twin or Triplet: Single — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**: Herman Erickson
11. Color or Race: White
12. Age at time of THIS birth: 31 yrs.
13. Birthplace: Tambo (City or town) Sweden (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Gladys Edna Blackburn
17. Color or Race: White
18. Age at time of THIS birth: 24 yrs.
19. Birthplace: Brigham City, (City or town) Utah (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was: deceased (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature | M.D. Midwife | Address | Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Susannah S. Briggs (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gladys Edna Erickson ..... Signature
Thornton, Route #1, Idaho. ..... P. O. Address

Subscribed and sworn to before me this 21st day of November, 1941.
(SEAL) Raeph E. Parker ..... Notary Public, residing at Rexburg, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 22 1941 by Mary T. Butler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-115-036-843

324008

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Dayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Dayton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Dayton, Idaho

4. FULL NAME OF CHILD Eldon M. Dees

5. Date of Birth of Child (Month, day, year) Dec. 15, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Edgar Dees
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Dayton, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lenora May Hulet
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Summit, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 34 years, and that Dr. Emery (initials unknown) (First name) (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lenora May Dees — Signature
R #1, Idaho Falls, Idaho — P. O. Address

Subscribed and sworn to before me this 19 day of November, 1941

(SEAL) Francis Crowson — Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOV 21 1941

Received for filing on RECEIVED by Marvel H. Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619 125-008 292

325015

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 24 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Roseberry
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Roseberry Ida.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Wendell Wayman Ward

5. Date of Birth (Month, day year) Oct 25 1909

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clinton P. Ward
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Halltown Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence E. Bishop
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Republic City Kans. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 24 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Missouri } ss.
County of Dade }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Clinton P. Ward, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wendell Wayman Ward (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Johnson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Clinton P. Ward ..... Signature
Lockwood Mo. ..... P. O. Address

Subscribed and sworn to before me on this 22 day of November 1941
(SEAL) Hallie E. Clement Notary Public, residing at Lockwood, Mo.
My commission expires Feb. 4, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

NOV 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325029
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Fremont (b) City Driggs
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born in the home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home X days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Driggs
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 38 yr.
(f) Mother's mailing address Driggs Idaho
3. RESIDENCE of FATHER (city, state) Driggs Ida

4. FULL NAME OF CHILD Crystal Elizabeth Ferguson
5. Date of Birth (Month, day, year) 29 Aug. 1909
6. Sex female
7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Isaac Ferguson	16. FULL MAIDEN NAME Mary Fenn
11. Color or Race white	17. Color or Race white
12. Age at time of THIS birth 57 yrs.	18. Age at time of THIS birth 39 yrs.
13. Birthplace Spanish Fork Utah (City or town) (State or foreign country)	19. Birthplace Fairview Sanpete Co Utah (City or town) (State or foreign country)
14. Exact Occupation Farming	20. Exact Occupation house wife
15. Industry or Business	21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 10 (c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary E. F. Smith (First name) (Last name) who is related to this child as Sister (Mother, etc.)

26. (a) NOV 24 1941 (Date received) (b) [illegible] (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Ora D Keith M.D. (D.O., Midwife, etc.)
and address Driggs Date 8-29-'09

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

599.213 015 546

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 24 1941

State File No. 325073
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. Caribou (b) City. Glens. Ids
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County.
(c) City. Glens
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address. Glens Idaho
3. **RESIDENCE OF FATHER** (city, state).

4. **FULL NAME OF CHILD** Leona Augusta Erickson
5. Date of Birth (Month, day, year) 13 Aug 1909
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert August Erickson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer &
15. Industry or Business Rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Luella Edwards
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Riverdale Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children ~~of this mother:~~ (a) ~~At time of birth and~~ including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) NOV 18 1941 (Date received) (b) Mabel Fielder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** E. F. Roberts ~~M.D.~~ or (D.O., Midwife, etc.)
and address Date 22/9/41

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is **NOT LIVING or CANNOT BE LOCATED.**

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
..... (Name of person on certificate above) as..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name
.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 36, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

H-62-11

469-123036-318

United States
Department of Commerce
Bureau of Census Oneida

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325097
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County ~~Power~~ (b) City Rockland
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 27 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Power~~ Oneida
(c) City Rockland
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho 27 yrs.
(f) Mother's mailing address Rockland, Idaho

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Lloyd Morris

5. Date of Birth (Month, day, year) 9/23/09

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David John Morris
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace ~~Rockland~~ Rockland Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Taysom
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Rockland Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum antiseptic eye wash
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Morris (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) NOV 26 1941 (Date received) (b) Maurel T. Gill (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Power } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ruth Morris, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lloyd Morris (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Emily Fish (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ruth Morris Signature
Rockland, Idaho P. O. Address

Subscribed and sworn to before me on this ~~17th~~ 24th day of November, 1941.

(SEAL) Frost B Barnard Notary Public, residing at Rockland, Idaho.
Com Expires Nov 12-1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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466-701-022 944

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United States Department of Commerce Bureau of Census

NOV 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Driggs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City on Farm near Driggs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD John Elmer Moffat
5. Date of Birth (Month, day year) 11. 1. 1909
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John peter Moffat
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Beaverlite Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Florence L. Ramsey
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 28 1941 (Date received) (b) Mary V. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John P. Moffat, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Elmer Moffat (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ben Driggs (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John P. Moffat Signature
P. O. Address

Subscribed and sworn to before me on this 28th day of November 1941.
(SEAL) Marion E. Doe Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533/25-035-315

325138

325138

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 29 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 35 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Lapwai
3. RESIDENCE of FATHER (city, state) Lapwai Idaho

4. FULL NAME OF CHILD Richard Lewis Elliot
5. Date of Birth (Month, day year) Dec 25 1909
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John Elliot
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Aberdeen (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Wray V. Laird
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Los Angeles (City or town) California (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive—stillborn) at 2 A. M. on the date and at the place stated above, and that ~~personal~~ particulars were furnished by Wray V. Elliot (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) NOV 29 1941 (Date received) (b) Mamie H. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature John M. Alley M.D. (D.O., Midwife, etc.)
and address Lewiston Ida Date 11-29-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289 221 042-243

325147 **325147**

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: Private Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 7 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD Dorothy Della Shiffler

5. Date of Birth of Child (Month, day, year) May 21, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mathias Jacob Shiffler
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Dwight, Illinois (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** DELLA ANNE BUCY
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Girard, Kansas (City or town) (State or foreign country)
20. Exact Occupation Deceased
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 68 years of age, that I have known this person for 32 years, and that Dr. (First name) McCluskey (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mathias Jacob Shiffler ..... Signature
Route #3, Boise, Idaho ..... P. O. Address

Subscribed and sworn to before me this 3rd day of December, 1941.
(SEAL) Mabel B. Cavnick Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1941 by Mabel Fegler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

369 111 023-236

325152

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325152
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. Home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Now dead

3. RESIDENCE of FATHER (city, state) Emmett Ida

4. FULL NAME OF CHILD Roy Homer Twilegar

5. Date of Birth (Month, day year) May 11-1909

6. Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gordon E. Twilegar
11. Color or Race W **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Oxford (City or town) Nebraska (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dolleria Scott
17. Color or Race W **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nit
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 11-30-41 (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by J. L. Reynolds (Registrar's signature)

25. Attendant's **OWN** signature J. L. Reynolds M.D. (D.O., Midwife, etc.)
and address Emmett Ida Date 11-30-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 563113 035-816

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

Reg. NOV 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325161
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Morrowtown
(c) Street Address or R.F.D. No. # 2
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Morrowtown Nez Perce
(d) Street Address or R.F.D. No. # 2
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Morrowtown Idaho

4. FULL NAME OF CHILD Raymond Lester Colbert

5. Date of Birth of Child (Month, day, year) Sept. 13, 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Fletcher Colbert
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Crawfordville (City or town) Oregon (State or foreign country)
14. Exact Occupation Camp Tender
15. Industry or Business Sheep

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Ulricilla Hawk
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Crawfordsville (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Kern } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 33 years, and that Ida (First name) Parrish (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Avis Colbert Hendrix Signature
2002 - 19th St. Bakersfield Calif. P. O. Address

Subscribed and sworn to before me this 24th day of November, 1941.
(SEAL) Ray Lobry Notary Public, residing at Bakersfield Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 26 1941 by Mabel F. Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-122003 753

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325180
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Main St. 3rd Block N
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Main St. 3rd Block North
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Pocatello, Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD John William Henricksen

5. Date of Birth (Month, day year) Dec. 22, 1902

6. Sex M. 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marcus Henricksen
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Genesvik (City or town) Norway (State or foreign country)
14. Exact Occupation Dragman
15. Industry or Business for P. B. Smith

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Petera Petersen
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Bear River City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 26 1941 (Date received) (b) Paul F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eva H. Warnberg, being first duly sworn, say that I am related (Related to (or) acquainted with) John William Henricksen (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Castle (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Evah Warnberg Signature
Parker, Idaho, P. O. Address

Subscribed and sworn to before me on this 18 day of November, 1941.
(SEAL) O. L. Meserey ~~Notary Public,~~ residing at
Probate Judge

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

My father died in 1919
My mother in 1915 -
I am the oldest sister
Mrs Warnberg

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 122-030-268

325190

United States
Department of Commerce
Bureau of the Census

NOV 24 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. No St no.
(d) Name of Hospital or Maternity Home: At patient Home
(e) Mother's stay **BEFORE** delivery: Born and Raised in Lemhi Co.
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address (For registration notice): 2212 10th St Baker Oregon
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Baker Ore.

4. **FULL NAME OF CHILD** John Dellert Hale

5. Date of Birth (Month, day, year) March 22 1937

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel James Hale

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace North Carolina
(City or Town) (State or foreign country)

14. Exact Occupation Working on Forrest

15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Esther Bohamon

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Junction Idaho
(City or Town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum normal Birth

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 10 AM M. on the date and at the place stated above, and that personal particulars were furnished by Olive Esther Bohamon (First name) (Last name) who is related to this child as ..... (Mother, etc.)

NOV 24 1941

26. (a) ..... (Date received) (b) Marvel Heeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Maxine E Green ~~M.D.~~ (~~D.O.~~, Midwife, ~~etc.~~ Nurse)
and address Salmon Idaho Date Nove 19-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

533-118-009-218

United States
Department of Commerce
Bureau of the Census

NOV 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325216
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Laclede
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Riverside
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Riverside, Idaho

4. FULL NAME OF CHILD Ernest Kahlert Ellersick

5. Date of Birth of Child (Month, day, year) March, 18, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Frank Ellersick
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) Minnesota (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Lora Kahlert
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Kitsap } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 32 years, and that Dr. Allen (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ed R. Wilkins — Signature
1728 13th Street, Bremerton — P. O. Address

Subscribed and sworn to before me this 25 day of November, 19 41
(SEAL) Rhita Dane — Notary Public, residing at Bremerton
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 27 1941 by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

968-203-020-962

United States
Department of Commerce
Bureau of the Census

NOV 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325221
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Mountain Home Ida

4. FULL NAME OF CHILD FONA REBECCA ROHRER

5. Date of Birth of Child (Month, day, year) 8-3-1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** CONSTANTINE ROHRER
11. Color or Race white
12. Age at time of THIS birth 70 yrs.
13. Birthplace Chicago (City or town) Ill. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CELESTIA ROSE
17. Color or Race white
18. Age at time of THIS birth 45 yrs.
19. Birthplace SALT LAKE CITY (City or town) UTAH (State or foreign country)
20. Exact Occupation Farmers daughter
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Celestia Rose Rohrer (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Ida Labbee ~~M.D.~~ Midwife Address 2038 Arnold L.A. Date 11/26/41

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 28 1941 by Mabel H. Eddes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-222-014-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325225
Local Reg. No. 341
Reg. Dist. No. 6

1. PLACE OF BIRTH:
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 1 years 2 months 12 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Avis Nellie McConnel
5. Date of Birth (Month, day, year) Aug. 22, 1909
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Andrew McConnel
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Dixie Idaho (City or Town) (State or foreign country)
14. Exact Occupation Farming + Sheepraising
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Lucile Bennett
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Milton Oregon (City or Town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:05 A.M. on the date and at the place stated above, and that personal particulars were furnished by Hattie Lucile McConnel (First name) (Last name) who is related to this child as Mother (Mother, etc.) Hattie Lucile McConnel

26. (a) 11-22-41 (Date received) (b) J. H. Reynolds (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Burton O Clark M.D. ~~(D.O., Midwife, etc.)~~
and address ..... Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

DECEASED

865-121-035-643

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 1 1941

State File No. 325264
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nezperse (b) City Myrtle
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
Home in Myrtle, Idaho
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. Home
IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Clinton Ira Honroth

5. Date of Birth (Month, day year) March 21st 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Henry Honroth
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Evensville Ind. (City or town) (State or foreign country)
14. Exact Occupation Labor-
15. Industry or Business Common Labor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Medora Fuller Medora L. Honroth
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Julietta Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home work

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.) Attendant Physian is dead

26. (a) DEC 1 1941 (Date received) (b) Marvel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Medora L. Honroth Jeffers, being first duly sworn, say that I am the mother (Related to (or) acquainted with) Clinton Ira Honroth (Name of person on certificate above) as my son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr J. J. Harrington (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Medora L. Honroth Jeffers Signature
Elberton, Washington P. O. Address

Subscribed and sworn to before me on this 25th day of Nov. 1941
(SEAL) S. M. McCracken Notary Public, residing at Colfax. Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

297-118-022-962

United States
Department of Commerce
Bureau of Census

DEC 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325267
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home no days.
IN **THIS** county 22 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Teton Idaho

3. **RESIDENCE of FATHER** (city, state) Teton Idaho

4. **FULL NAME OF CHILD** Norval Andrew Bigler

5. Date of Birth (Month, day year) March 18 - 1909

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Armond A. Bigler
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Farmington Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Robb ~~Bigler~~
17. Color or Race White
18. Age at time of THIS birth 30 yrs
19. Birthplace Paragoonah Utah (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 1 1941 (Date received) (b) Marvel H. Eddy (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen Robb Bigler, being first duly sworn, say that I am the Mother of (Related to (or) acquainted with) Norval Andrew Bigler (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. H. Hansbarger (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ellen Robb Bigler Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me on this 29 day of Nov., 1941

(SEAL) O. Nuttall Notary Public, residing at Probate Judge

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

219-125014-881

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 2 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325291
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. None at this Time
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Washington (b) County Stevens
(c) City Chewelah
(d) Street Address or R.F.D. No. General Del.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD ROY CHARLES BARNES

5. Date of Birth of Child (Month, day, year) Dec. 25, 1909

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME LEWIS C. BARNES
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Miner (Quartz)
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME INA HYATT
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Grand Rapids, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Wash
County of Clarke } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ~~Aunt~~ (aunt) (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 37 years, and that ..... (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel G. Clarke ..... Signature
Chewelah Wn ..... P. O. Address

Subscribed and sworn to before me this 27 day of November, 1941.
(SEAL) ..... Notary Public, residing at Chewelah Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 2 1941 by Mabel H. Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

VSS-123-001-69 DEC 4 1947 325319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325319
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: 2 Mi. West of
(c) Street Address or R.F.D. No.: Meridian
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: 2 miles West of Meridian
(d) Street Address or R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Ida.

4. FULL NAME OF CHILD Clement Lopez De Vinaspre

5. Date of Birth of Child (Month, day, year) Nov. 23, 1909

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Serafin Lopez De Vinaspre
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace (City or town) Spain (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anacleta Ortiz
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 32 years, and that Dr. Paine (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Serafin Lopez De Vinaspre ✓ Signature
Meridian, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of Dec, 1947
(SEAL) W. B. Foy Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1947 by Maud H. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-123-0d-693

325320

United States
Department of Commerce
Bureau of the Census

DEC 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325320
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: 2 Mi. West
(c) Street Address or R.F.D. No.: Meridian
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: 2 miles W. of Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Ida.

4. FULL NAME OF CHILD Victor Lopez De Vinaspre

5. Date of Birth of Child (Month, day, year) Nov. 23, 1909

6. Sex Male

7. Twin or Triplet Twin 2nd — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Serafin Lopez De Vinaspre
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace (City or town) Spain (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anacleta Ortiz
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th. (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 32 years, and that Dr. (First name) Paine (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Serafin Lopez De Vinaspre Signature
Meridian, Idaho P. O. Address

Subscribed and sworn to before me this 4 day of Dec, 1941.
(SEAL) W. B. Joy Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1941 by Mabel H. Geiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-203-dd-433

325334

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 8 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325334
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 Five yrs.

3. RESIDENCE OF FATHER (city, state) Star Idaho.

4. FULL NAME OF CHILD Helen Coleman

5. Date of Birth of Child (Month, day, year) Feb. 3, 1909

6. Sex girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy Nine 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** William Cyrus Coleman
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Maysburg (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella McCown.
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Allenton (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that Dr. James A Young (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Dill Signature
Boise Idaho. P. O. Address

Subscribed and sworn to before me this 8 day of December, 1941.
(SEAL) Geo F. Peterson Clerk of District Court By Mary Bagley Deputy Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1941 by Mabel H Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-130-001-793

United States
Department of Commerce
Bureau of the Census

DEC 3 1941

(Be sure that information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **325403**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: ~~Boise~~ Ada
(c) City: Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Arthur Raymond Brigham

5. Date of Birth of Child (Month, day, year) April 30, 1909

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Loren Brigham
11. Color or Race: White
12. Age at time of THIS birth: 48 yrs.
13. Birthplace: Iowa City (City or town) Iowa (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha E. Gillstrap
17. Color or Race: White
18. Age at time of THIS birth: 42 yrs.
19. Birthplace: Pettman County (City or town) Missouri (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child: 9 (b) Born alive and now living: 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Colorado
County of Denver } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 32 years, and that I do not know (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ray Loren Brigham — Signature

Commission Expires Oct. 17, 1948 — 658 Perry Street, Denver, Colorado — P. O. Address

Subscribed and sworn to before me this 1st day of December, 19 41.

(SEAL) Elizabeth Lemmonsmith — Notary Public, residing at Denver, Colorado

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1941 by Mabel E. Leber, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 6 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-214-035-442

325436

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO DEC 4 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Melrose
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Melrose
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ~~5~~ 16 yrs.

3. RESIDENCE OF FATHER (city, state) Melrose Ida

4. FULL NAME OF CHILD Lois Maxine Richardson

5. Date of Birth of Child (Month, day, year) April 14, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jerome Dick Richardson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Colton (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Myrtle Mustoe
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Kirksville (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 32 years, and that A. J. Douglas (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Myrtle Richardson Signature
Melrose Ida P. O. Address

Subscribed and sworn to before me this 2nd day of December, 1941.
(SEAL) Ruth V. Akins Notary Public, residing at Lewiston, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1941 by Maurel T. Eldfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

169-211-04-165

United States Department of Commerce Bureau of Census

DEC 5 1947

NOV 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325456

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City NAMPA Ida.
(c) Street Address or R.F.D. No. 508-6th Ave So.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City NAMPA
(d) Street Address or R.F.D. No. 508-6th Ave-So.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address 508-6th Ave-So.

3. RESIDENCE of FATHER (city, state) NAMPA Ida

4. FULL NAME OF CHILD Clarasa Alalia Jordan

5. Date of Birth (Month, day year) Aug 11 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Goodwin Jordan
11. Color or Race White
12. Age at time of THIS birth 58 yrs.
13. Birthplace Carl Co. Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alcesta Birdie Jones
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Rogersville Tenn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. Nit.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Alesta B. Jordan (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 10 1947 (Date received) (b) Mary Fiedler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature J H Murray M.D. (D.O., Midwife, etc.) and address Nampa Ida. Date Nov 27. 1941

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alcests Birdie Jordan, being first duly sworn, say that I am (Related to (or) acquainted with) Clarasa Alilia Jordan (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Murry (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alcesta Birdie Jordan Signature
166 N. Fairfax Ave. L.A. P. O. Address

Subscribed and sworn to before me on this 7th day of November, 1941

(SEAL) Lucas B. Holley Notary Public, residing at Los Angeles Cal

My Commission Expires May 5th, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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442-128-036-282

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO DEC 6 1941

State File No. 325460
Local Reg. No.
Reg. Dist. No.

Oneida

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Franklin~~ (b) City Clifton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Residence of Bryon Elias Bybee
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Franklin~~ Oneida
(c) City Clifton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Clifton, Idaho

4. FULL NAME OF CHILD Stanley Bybee Umber

5. Date of Birth of Child (Month, day, year) 3-28-09

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Elmer Umber
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Rock Island, Illinois (City or town) (State or foreign country)
14. Exact Occupation Lime Burner
15. Industry or Business Bybee's Lime Kiln

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Bybee
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Clifton Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Michigan
County of Wayne } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Doctor Reeves (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Elmer Umber Signature
691 Ashland, Detroit, Michigan P. O. Address

Subscribed and sworn to before me this ..... day of December 1941

(SEAL) Matthew A. Crumin Notary Public, residing at Detroit

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1941 by Marvel H. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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271-123 206-993

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO DEC 5 1941

State File No. 325465
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Conant Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Bingho (b) County Bingham
(c) City Conant Valley, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 45 yrs.
(f) Mother's mailing address Soda Springs, Idaho

3. RESIDENCE of FATHER (city, state) Soda Springs

4. FULL NAME OF CHILD Clarence Lester Spackman

5. Date of Birth (Month, day, year) Dec. 23, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Arthur Spackman
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Porterville, Utah U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Forest Ranger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Phebe Rich
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Porterville, Utah U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 11 (c) Born alive and now dead 1 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was b (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) DEC 5 1941 (Date received) (b) [illegible] (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Caribou } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Phebe Spackman, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Clarence Lester Spackman (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Laura Weeks (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Phebe Spackman Signature
Soda Springs, Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of September, 1941

(SEAL) S. B. Chamberlin Notary Public, residing at Soda Springs, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-129-029-356

DEC 5 1941

325466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. N. Lincoln St.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State ~~Wash~~ Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. N. Lincoln St.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Bordette DeVere Chesley

5. Date of Birth of Child (Month, day, year) Sept. 29, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward J. Chesley
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace (City or town) Maine (State or foreign country)
14. Exact Occupation Cruiser
15. Industry or Business Timber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances R. Lefavor
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Thurston } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 32 years, and that Dr. Clark (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances R Chesley Signature
Rte 2, Box 544, Olympia, Wash P. O. Address

Subscribed and sworn to before me this 4th day of December, 1941.
(SEAL) Claude Walker Notary Public, residing at Olympia
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1941 by Mabel Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-122-022-269

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH DEC 8 1941
STATE OF IDAHO

State File No. 325507
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Driggs
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at own Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Driggs
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Driggs Idaho

3. RESIDENCE of FATHER (city, state) Driggs Idaho

4. FULL NAME OF CHILD Elmer Larsen

5. Date of Birth (Month, day year) Aug. 22, 1909

6. Sex Male

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Andreas Larsen
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Lendon (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Sorensen
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Aleted (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife and Midwife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none.
23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living 13 (c) Born alive and now dead 1 (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 8 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Teton } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John T. Larsen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elmer Larsen (Name of person on certificate above) as an elder Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ora D. Resch (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John T. Larsen ..... Signature
Driggs Idaho ..... P. O. Address

Subscribed and sworn to before me on this 3 day of December, 1941
(SEAL) [illegible] Notary Public, residing at Driggs, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-113-035-214

DEC 8 1941 325518

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. 187
Reg. Dist. No. 210

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Arrow
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home: Home delivery
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Arrow
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Arrow, Idaho

4. FULL NAME OF CHILD Ned Elias Wilson

5. Date of Birth of Child (Month, day, year) Sept 13, 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Marion Wilson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Ceres, Virginia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sally Amelia Baugh
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Burkes Garden, Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 32 years, and that Laura Thompson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Dixie Groseclose ..... Signature
Juliaetta Idaho ..... P. O. Address

Subscribed and sworn to before me this 4th day of December, 1941.

(SEAL) Samuel T. Swayne ..... Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12/5-1941 by W. A. Shaw, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-223-023-313

325547

325547

United States
Department of Commerce
Bureau of Census

DEC 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 6 years 1 month 6 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Emmett, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Mollie Belle King

5. Date of Birth (Month, day year) Oct. 23, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Jefferson King
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Tonner Lake, California (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Catherine Caldwell
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Emmett Idaho (City or town) (State or foreign country)
20. Exact Occupation housekeeper
21. Industry or Business housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Emma King (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 12-9-41 (Date received) (b) J. L. Reynolds (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Nora Hall ~~M.D.~~ (~~D.O.~~, Midwife, ~~etc.~~)
and address Emmett, Idaho Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-115-016-219 325552

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 5 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325552
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. P. O. Box
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. P. O. Box
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Albion Idaho

4. FULL NAME OF CHILD Fred Coleman Harper

5. Date of Birth of Child (Month, day, year) Sept. 15-1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Thomas Elshriam Harper
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Brigham City Utah (City or town) (State or foreign country)
14. Exact Occupation Dairy man
15. Industry or Business Albion Creamery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Geneva Barrett
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grand Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Dr. R. T. Stacy (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Barrett Signature
Albion Idaho P. O. Address

Subscribed and sworn to before me this 9th day of December, 1941.
(SEAL) Jacobson Notary Public, residing at Albion Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1941 by Maud E. Geiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

612-124-001-791

DEC 5 1941

325569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. ____
Local Reg. No. ____
Reg. Dist. No. ____

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1908 No 14th St
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ____ Days
In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1908 No 14th St
(e) How long has **MOTHER** lived in Idaho? 33 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** William Woodrow Wakeman
5. **DATE OF BIRTH** (Month, day, year) Sept 24-1909
6. Sex M
7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____
8. No. months of Pregnancy full term
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John L Wakeman
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Salt Lake City Utah (City or Town) (State or foreign country)
14. Exact Occupation steam engineering
15. Industry Business Boise Street Car Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Ellen Gray
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Star Idaho (City or Town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% silver nitrate sol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 10 A M M. on the date and at the place stated above, and that personal particulars were furnished by Amanda Wakeman (First name) (Last name) who is related to this child as ____ (Mother, etc.)

26. (a) DEC 5 1941 (Date received) (b) Maud H Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** John Beck M.D. (D.O., Midwife, etc.)
and address Boise Ida Date Dec 3 41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

SEP 8 1965

LOCAL REGISTRATION OF BIRTHS

APR 7 1958

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

239-106-029-243

325581

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD William Joseph Stricker

5. Date of Birth of Child (Month, day, year) Aug. 6, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Stricker
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Tetoplis (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Threshing grain

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Kuther
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Siegel, (City or town) Illinois (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 32 years, and that Dr. W. H. Ehlen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry Stricker Signature

Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of December, 19 41.

(SEAL) [illegible] Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1941 by Maurel E. Geider, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-201-019-443

325602

United States
Department of Commerce
Bureau of the Census

DEC 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Mackay, Ida.

4. FULL NAME OF CHILD Wilhelmine Sylvia Millonig

5. Date of Birth of Child (Month, day, year) July 1, '09

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jacob Millonig
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Drisich (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Mutz
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Baden (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. (First name) Pool (Last name), who attended this birth can't be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Minnie Millonig — Signature
Mackay, Idaho — P. O. Address

Subscribed and sworn to before me this 5 day of December, 1941.

(SEAL) ..... Notary Public, residing at Mackay, Idaho

(Note: Perjury is punishable as a felony in Idaho. Sec. 17-1414, Idaho Code Annotated.)

My Commission Expires Aug. 1, 1945

Received for filing on DEC 10 1941 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418 11.7.022-893

United States Department of Commerce Bureau of the Census

DEC 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325607
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Farnum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Farnum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Max Earl Day

5. Date of Birth of Child (Month, day, year) 8/17/1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Earl Day
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Mt. Pleasant. (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farmer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Lile Hill
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Lawrence. (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Anna Lile Day (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

25. Attendant's **OWN** signature E. R. Sharp M.D. Address Ashton, Idaho. Date 12/7/1941.

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by Mabel H. Geiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-120-009-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325612
Local Reg. No.
Reg. Dist. No.

Bonner

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Naples
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Cossairt Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State N. Idaho (b) County Boundary
(c) City Naples
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Same as above

4. FULL NAME OF CHILD Carl August Cossairt

5. Date of Birth of Child (Month, day, year) 8-20-09

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Cossairt
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Vermillion CO (City or town) Ill (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Adelia Long
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace London Tenn (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as ..... (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Iris Mercy M.D. Midwife Address Naples Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires 2nd Monday January 1943.

Mary A. Cossairt ..... Signature
Naples Idaho ..... P. O. Address

Subscribed and sworn to before me this 22nd day of November, 1941

(SEAL) E. B. Bellette PROBATE JUDGE ~~Notary Public~~, residing at BONNERS FERRY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 22 1941 by Mabel E. Geiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate.: Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

638-219-035-034

325616

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Morrow town
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Morrowtown
(d) Street Address or R.F.D. No. on Main St.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Golda Irene Flynn
5. Date of Birth (Month, day year) June 19, 1909
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Carl Thomas Flynn
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Dolly Pearl Stuckey
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)
26. (a) DEC 10 1941 (Date received) (b) Mary M. Fuller (Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)
25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Dolly P. Flynn, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Golda Irene Flynn (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr Musser (Name of attendant at birth), who attended said birth Can't be located (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

He is Deceased just learned

Dolly Pearl Flynn ....Signature
310 - 16th st Lewiston Idaho ....P. O. Address

Subscribed and sworn to before me on this 8 day of December, 1941.
(SEAL) Philip Meiguter Notary Public, residing at ....

CLERK OF THE DISTRICT COURT
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

557-111-035-386

DEC 10 1941

United States Department of Commerce Bureau of Census — (Be sure the information is as of date of birth of THIS child) — **CERTIFICATE OF BIRTH** — STATE OF IDAHO

State File No. 325626
Local Reg. No.
Reg. Dist. No.

Nez Perce

1. PLACE OF BIRTH
(a) County ~~Lewis~~ (b) City Mohler
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Grandfathers Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 12 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Lewis~~ Nez Perce
(c) City Mohler
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Mohler

3. RESIDENCE of FATHER (city, state) Mohler, Idaho

4. FULL NAME OF CHILD Englehorn, Frank Robert
5. Date of Birth (Month, day year) May 11-1909
6. Sex Male
7. Twin or Triplet No — If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Louis Matthew Englehorn
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Menona (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Belle Thompson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Manning (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Anna Englehorn (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) NOV 12 1941 (Date received) (b) [illegible] (Registrar's signature)
25. Attendant's **OWN** signature O. A. Jeffries M.D. (D.O., Midwife, etc.)
and address 10387 Lorenzo Ave Los Angeles Cal Date Dec 7 1941
27. Given name added on RECEIVED by (Registrar's signature)

State of Idaho, County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Anna Thompson Englehorn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Robert Englehorn (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Oliver Jeffries (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Thompson Englehorn — Signature
Payette, Idaho — P. O. Address

Subscribed and sworn to before me on this 17th day of November, 1941
(SEAL) Helen F. Wurm — Notary Public, residing at Payette, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-212-036-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325630
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Oneida (b) City: Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Oneida
(c) City: Malad City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Malad Idaho

4. FULL NAME OF CHILD Sarah Mary Thomas

5. Date of Birth of Child (Month, day, year) July 12, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William M. Thomas
11. Color or Race: White
12. Age at time of THIS birth: 41 yrs.
13. Birthplace: Malad City (City or town) Idaho (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lavina Daniels
17. Color or Race: White
18. Age at time of THIS birth: 31 yrs.
19. Birthplace: Malad City (City or town) Idaho (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 6 (b) Born alive and now living: 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Lavina Thomas (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Missouri
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for years, and that Rachel Williams (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lavina Thomas Signature
312 S Crysler Independence Missouri P. O. Address

Subscribed and sworn to before me this 8th day of December, 1941

(SEAL) Frank Hill Notary Public, residing at Independence Mo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by Mary E. Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

751-128-228-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325638
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Kootenai (b) City: St Maries
(c) Street Address or R.F.D. No.: 8th St.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home: — days.
In **THIS** county: 1 years 5 months 3 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Kootenai
(c) City: St Maries
(d) Street Address or R.F.D. No.: 8th - St.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address: Same

3. **RESIDENCE OF FATHER** (city, state): St Maries, Idaho

4. **FULL NAME OF CHILD:** Langdon William Peacock

5. Date of Birth (Month, day, year): March 28, 1909

6. Sex: Male

7. Twin or Triplet: ✓ If so—born 1st, 2nd, 3rd: ✓

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** Arthur Dexter Peacock
11. Color or Race: White
12. Age at time of THIS birth: 37 yrs.
13. Birthplace: Austin (City or town) Ind. (State or foreign country)
14. Exact Occupation: Farmer & Laborer
15. Industry or Business: Woodsman

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Mabel Estella Langdon
17. Color or Race: White
18. Age at time of THIS birth: 24 years
19. Birthplace: Nevada City (City or town), Calif. (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business: at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Silver Nitr. Sol.
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2. (c) Born alive and now dead: 0 (d) Stillborn: 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mabel Estella Peacock (First name) (Last name) who is related to this child as mother (Mother, etc.)

DEC 10 1941

26. (a) ..... (Date received) (b) Marvel H. Fedler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** J. Kinsching M.D. or ..... (D.O., Midwife, etc.)
and address St. Maries Idaho Date 12/5/41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Name

..... P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

963-ID1 025 231

325724

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 1 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Kooskia, Idaho

4. FULL NAME OF CHILD Inez Mary Hollingshead

5. Date of Birth of Child (Month, day, year) Aug. 1, 1909

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Chalwick Hollingshead
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Imlay City (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Bessie Slater
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Lower Clapton (City or town) England (State or foreign country)
20. Exact Occupation Nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 32 years, and that Dr. (First name) Hunt, (Last name) Kooskia, Idaho, who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Maud Bessie Slater Hollingshead Signature
221 E. Broadway Ct. Long Beach, Cal. P. O. Address

Subscribed and sworn to before me this 11th day of December, 19 41

(SEAL) Mae A. Cheek Notary Public, residing at Long Beach, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Manuel H. Geeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-114-032-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 15 1941

State File No. 325727
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Wendell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: my own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Briggs Cornelius Rose

5. Date of Birth of Child (Month, day, year) Aug 14 - 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Richard Rose
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Stone Mason
15. Industry or Business and Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Lorenia Briggs
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Lockwood Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. **Number** of children of this mother: (a) At time of birth and including this child 9 (b) Born **alive and now living**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Nevada
County of Washoe } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 22 years, and that Dr McLamb (First name) (Last name), who attended this birth, can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bertha Rose Jensen ..... Signature
1235 Reno Nev ..... P. O. Address

Subscribed and sworn to before me this 13th day of December, 1941.
(SEAL) Harry Dunsleath Notary Public, residing at Reno, Nev
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com Expires 3/15/42

Received for filing on DEC 15 1941 by Maurel H. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-118 035 396

United States
Department of Commerce
Bureau of the Census

DEC 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325743
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Orofino
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 4 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Orofino
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Orofino Idaho

4. FULL NAME OF CHILD Loren Eugene Lewis

5. Date of Birth of Child (Month, day, year) Jan. 18, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Eugene Lewis
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Millard (City or town) Missouri (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dolly B. Crockett
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Shell City (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Dolly B. Lewis (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. James Farley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dolly B. Lewis — Signature
4450 Orange St. Riverside Calif. — P. O. Address

Subscribed and sworn to before me this 9th day of December, 1941.

(SEAL) Irene Taylor — Notary Public, residing at Riverside Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires August 12, 1945

Received for filing on DEC 12 1941 by Mabel I. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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141 125 006 133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325744
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Bingham (b) City: Idaho Falls
(c) Street Address or R.F.D. No.: Hill St.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Bingham
(c) City: Idaho Falls
(d) Street Address or R.F.D. No.: Hill St.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: William Dave Adams

5. Date of Birth of Child (Month, day, year): Sept 25 - 1909

6. Sex: Male

7. Twin or Triplet: If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME**: Alfred Edward Adams
11. Color or Race: White
12. Age at time of THIS birth: 27 yrs.
13. Birthplace: London (City or town) England (State or foreign country)
14. Exact Occupation: Blacksmith
15. Industry or Business: City

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Pearl Allen
17. Color or Race: White
18. Age at time of THIS birth: 18 yrs.
19. Birthplace: Smoot (City or town) Wyoming (State or foreign country)
20. Exact Occupation: House Wife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child: none (b) Born alive and now living: none

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Alfred (First name) Edward Adams (Last name) and that I am related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature: Alfred Edward Adams M.D. Midwife Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 59 years of age, that I have known this person for 32 years, and that Alfred (First name) Edward Adams (Last name) who attended this birth — (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alfred Edward Adams Signature
32½ - 1st Idaho Falls P. O. Address

Subscribed and sworn to before me this 9 day of December, 1944

(SEAL) W. M. Edwards Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires 11/16/43

Received for filing on Dec 15 - 1944 by Maud Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-102006-165

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325759
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Basalt
(c) Street Address of R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Basalt Idaho

3. RESIDENCE of FATHER (city, state) Basalt Idaho

4. FULL NAME OF CHILD Charles Irvin Croft

5. Date of Birth (Month, day year) Dec 2nd 1909

6. Sex boy

7. Twin or Triplet

If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Walter Croft
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Portervills (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Jones
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace South Weber (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid Solution

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 15 1941 (Date received) (b) Mabel T. Eller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Maude Croft, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Charles Croft (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Eliza Jennmett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maude Croft Signature
Basalt Ida. P. O. Address

Subscribed and sworn to before me on this 4th day of December 1941
(SEAL) Geo. W. Lunchus Notary Public, residing at Firth Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 122022 753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

Fremont DEC 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325763
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Clark~~ (b) City Kilgore
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Clark~~ Fremont
(c) City Kilgore
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Kilgore, Idaho

4. FULL NAME OF CHILD Arthur Lewis Mortensen

5. Date of Birth of Child (Month, day, year) Nov. 22, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis Waltermer Mortensen
11. Color or Race American
12. Age at time of THIS birth 27 yrs.
13. Birthplace Heber (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Marie Peterson
17. Color or Race American
18. Age at time of THIS birth 27 yrs.
19. Birthplace Ritchfield, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children ~~of this mother~~: ~~(a) At~~ time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 11:0' Clock P.M on the date and at the place stated above, and that personal particulars were furnished by Elzina Mortensen (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature x M.D. Midwife Address Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Elzina Mortensen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Marie Mortensen Signature
Homedale, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of Dec., 1941

(SEAL) M. Robinson Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1941 by Mabel F. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or com.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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325766

United States
Department of Commerce
Bureau of the Census

DEC 12 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? one yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Virgil Chester Jones
5. Date of Birth (Month, day, year) October 8, 1909
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Oscar Jones
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Somerset (City or Town) Kentucky (State or foreign country)
14. Exact Occupation Section Foreman on Union Pacific Railroad Co.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Belle Babcock
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Salem (City or Town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at Eight A.M. on the date and at the place stated above, and that personal particulars were furnished by Bertha B. Jones (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) DEC 12 1941 (Date received) (b) Marvel T. Eleker (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's OWN signature Juanietta Brown M.D. (D.O., Midwife, etc.)
and address Chester Date Oct. 8 1909

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NOV 1 1971

DEC 19 1941

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

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325800

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325800
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Blaine (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Arco
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Arco

3. RESIDENCE of FATHER (city, state): Same as above

4. FULL NAME OF CHILD Mack Samuel Johnston

5. Date of Birth (Month, day, year) Dec. 24, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Samuel David Johnston
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Dayton Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosie Souder
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Rockbridge Mo. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____ (c) Born alive and now dead ____ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) DEC 17 1941 (Date received) (b) Marvel H. Eddy (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Samuel David Johnston, being first duly sworn, say that I am related (Related to (or) acquainted with) Mac Samuel Johnston (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. W. Stevens (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Samuel David Johnston Signature
Oreana, Idaho P. O. Address

Subscribed and sworn to before me on this 17 day of December, 19 41

(SEAL) T. H. Leonard Notary Public, residing at Murphy, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 161, 1911 Session Laws, has not been recorded, or in case of failing to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-1A-006-191

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 15 1941

State File No. 325836
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City IDAHO FALLS
(c) ~~Street~~ Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home none days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Taylorville

3. RESIDENCE of FATHER (city, state) Idaho Falls Ida

4. FULL NAME OF CHILD FRED COLLINS

5. Date of Birth (Month, day year) 3-19-1909

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy Nine 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** JAMES ELMER COLLINS
11. Color or Race WHITE 12. Age at time of THIS birth 27 yrs.
13. Birthplace Cole Grove Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IDA RUTH ARAVE
17. Color or Race WHITE 18. Age at time of THIS birth 21 yrs.
19. Birthplace Idaho Falls Idaho. (City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business House Wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5 (c) Born alive and now dead / (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 1:45 a.m. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as Mother (Mother, etc.)

DEC 15 1941

26. (a) Midwife (Date received) (deceased) Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on Mar 19 by Ida Collins (Registrar's signature)

State of HUGH S. GILLESPIE NOTARY PUBLIC
County In and for the County of Los Angeles, State of California
My Commission Expires May 3, 1943

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, MRS. IDA RUTH COLLINS-CROFT, being first duly sworn, say that I am Related (Related to (or) acquainted with) ..... (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Jennett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Ida Ruth Collins-Croft Signature
4715 So Gramercy Place Los Angeles Calif. P. O. Address

Subscribed and sworn to before me on this 8 day of December, 1941
(SEAL) Hugh S. Gillespie Notary Public, residing at 1518 West 52 St Los Angeles Calif

My Commission Expires May 3, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

559-104 025 895

United States
Department of Commerce
Bureau of the Census

DEC 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325886
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. 12 miles Country
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville Idaho
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? ....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Walter Loyd Leischner

5. Date of Birth of Child (Month, day, year) May 4-1909

6. Sex M

7. Twin or Triplet other If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joe Leischner
11. Color or Race W
12. Age at time of THIS birth 25 yrs.
13. Birthplace Austria (City or town) Europe (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Wheat,

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Hines
17. Color or Race W
18. Age at time of THIS birth 19 yrs.
19. Birthplace Austria (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argy 10%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as ..... (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature J D Shimmick M.D. Midwife Address Grangeville Idaho Dec 8-1941

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mabel H Geiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325893
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear lake (b) City Montpelier
(c) Street Address or R.F.D. No. Gen. delivery
(d) Name of Hospital or Maternity Home: her own residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. Gen. delivery
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) 3

4. FULL NAME OF CHILD Edna Vivian Schrier

5. Date of Birth of Child (Month, day, year) 10-30-1909

6. Sex female

7. ~~Twin or Triplet~~ - - If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Alfred Schrier
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Geneva (City or town) Switzerland (State or foreign country)
14. Exact Occupation Locomotive Fireman
15. Industry or Business O.S.L. R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie R. Hayes ~~Schrier~~
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Almy (City or town) Wyoming (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. Midwife Address 2911 Jackson St San Diego Calif Date 12-19-41

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 5-8 years of age, that I have known this person for 32- years, and that Dr. Or. Pointer (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie R. Hayes Schrier Signature
1123 N. E. 82 Ave Portland Ore. P. O. Address

Subscribed and sworn to before me this 22 day of November, 1941.
(SEAL) Oscar Alderson Notary Public, residing at Portland Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-102-006-717

United States
Department of Commerce
Bureau of the Census

DEC 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325897
Local Reg. No.
Reg. Dist. No.

Bingham

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Bonneville~~ (b) City Idaho Falls
(c) ~~Street Address or~~ R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bonneville~~
(c) City Idaho Falls Bingham
(d) ~~Street Address or~~ R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Russell Garn Bates

5. Date of Birth of Child (Month, day, year) 1/2-1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Richard Russell Bates
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Park City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm Owner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Ann Garn
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Lincoln Utah (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 9 a M. on the date and at the place stated above, and that personal particulars were furnished by Della Ann Bates (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [redacted] Midwife Address Ucon Idaho Date 1909

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Josephine Thompson (First name) (Last name) who attended this birth DECEASED (Is now deceased) ~~or (Cause of Death)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della Ann [redacted] Bates Signature
2814 Alsace Ave Los Angeles P. O. Address

Subscribed and sworn to before me this 11 day of December, 1941.

(SEAL) GRETA C. JACOBSON Greta C. Jacobson Notary Public, residing at Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires August 17, 1943

Received for filing on DEC 16 1941 by Mary E. Gelder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769 203 020-719

325951

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325951
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Berniece Marguerite Gorby

5. Date of Birth of Child (Month, day, year) Oct. 2, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel Winnifred Gorby
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Cameron (City or town) Virginia (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business Business, Real Estate

MOTHER OF CHILD

16. **FULL MAIDEN NAME** DeLila Parmley
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Fairburn (City or town) So. Dakota (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. Baugh (First name) ..... (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

DeLila Parmley Gorby Gilbaugh Signature

Glenns Ferry, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of December, 19 41

(SEAL) Edna L. Perry Notary Public, residing at Mountain Home, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 22 - 1941 by Mabel H. Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-227 007 693

United States Department of Commerce Bureau of the Census

DEC 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325966
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years 6 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue, Ida

4. FULL NAME OF CHILD Patricia Edith Lee

5. Date of Birth of Child (Month, day, year) June 27, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Guy Urquhart Lee
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Rockford (City or town) Illinois (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Williams
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bellevue (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 a.M. on the date and at the place stated above, and that personal particulars were furnished by Edith (First name) lee (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Harriett McCoy Midwife Address Moscow, Idaho Date 12/12/41

State of Idaho
County of ~~Blaine~~ Latah ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for 32 years, and that Allen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriett McCoy Signature

P. O. Address

Subscribed and sworn to before me this 17 day of Dec, 1941

(SEAL) Frank M. Stanton Notary Public, residing at Moscow Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1941 by Mary I. Eifler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795-226-035-455

326033

United States Department of Commerce Bureau of Census

DEC 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City Fletcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County Nez Perce
(c) City Fletcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Fletcher Id

4. **FULL NAME OF CHILD** Hattie Sylvesta Presnell

5. Date of Birth (Month, day, year) Oct - 26 - 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Elijah Nelson Presnell
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Boone (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Helen Henry
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Melvin (City or town) Kansas (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 15 1941 (Date received) (b) Mabel [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Olive Helen Presnell, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Hattie Sylvesta Presnell (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Burke (Name of attendant at birth), who attended said birth Now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Olive Helen Presnell Signature
Lewiston Ida P. O. Address

Subscribed and sworn to before me on this 9 day of June, 1941

(SEAL) L. Osenton Notary Public, residing at Pierce

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-102-035-248

United States
Department of Commerce
Bureau of the Census
Nez Perce

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 16 1941

326048

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County ~~Lewis~~ (b) City Russell
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home
at home near Russell, Idaho
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county Yes years 10 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City Russell Nez Perce
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** GLENN EARL QUINBY

5. Date of Birth (Month, day, year) 7-2-09

6. Sex. Male

7. Twin or Triplet --------- If so—born 1st, 2nd, 3rd----

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Claire Quinby
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Kansas (City or town) U. S. A. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Francis Smylie
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Bode (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Donot know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes 3
(c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was 4 P.M. (born alive, stillborn) at 7-2-09 M. on the date and at the place stated above, and that personal particulars were furnished by Josephine F. Quinby (First name) (Last name), who is related to this child as ~~father~~ Mother (Mother, etc.)

26. (a) DEC 15 1941 (Date received) (b) Mabel M. Geiser (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** Deceased M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California
County of Tulare } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Josephine F. Quinby being first duly sworn, say that I am Mother (Related to (or) acquainted with) Glenn Earl Quinby (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ric (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Josephine F. Quinby Name

.....P. O. Address

Subscribed and sworn to before me on this 10th day of December

(SEAL) M. F. Harvey Notary Public, residing at Porterville

My Commission Expires Jan. 25, 19

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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326060

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City (town) White Bird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born in a home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) ~~City~~ John Day Creek
(d) Street Address or R.F.D. No. Lucile
(e) How long has **MOTHER** lived in Idaho? 33 yrs.
(f) Mother's mailing address Lucile Idaho

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Mark Delmage Deasy

5. Date of Birth (Month, day year) Sept 12-1909 Sunday

6. Sex Male **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Michael Deasy
11. Color or Race white **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Virginia City (City or town) Nevada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Henrietta Samyra Delmage
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Brunswick (City or town) Kennebec Co Minn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at White Bird M. on the date and at the place stated above, and that personal particulars were furnished by Henrietta Samyra Deasy (First name) (Last name), who is related to this child as his mother (Mother, etc)

26. (a) DEC 12 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mrs. E. J. Davenport grandmother M.D. (D.O., Midwife, etc.)
and address Spragueville Date Oct 24 1941

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Henrietta Samyra Deasy, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Mark Delmage Deasy (Name of person on certificate above) as ~~XXXXXX~~ Mother son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. E. J. Davenport (Name of attendant at birth) who attended said birth is now living (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Henrietta Samyra Deasy Signature
W-2023-3rd Ave Spokane Wn P. O. Address

Subscribed and sworn to before me on this 10th day of December, 1941.
(SEAL) State of Washington Notary Public, residing at Spokane
William D. Roberts

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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593 129 044 669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 326083
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clarence Edwin Nichols Jr.

5. Date of Birth of Child (Month, day, year) March 29-1909

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Edwin Nichols
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Granberry (City or town) – Texas (State or foreign country)
14. Exact Occupation Livery Stable Operator
15. Industry or Business Livery Stable.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Ford.
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Cambridge, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Arizona
County of Pinal } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for since birth years, and that unknown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora Ford Nichols ..... Signature

My Commission Expires July 15, 1945 Box 371, Coolidge, Arizona ..... P. O. Address

Subscribed and sworn to before me ~~this~~ 15th day of December, 1941

(SEAL) ..... Notary Public, residing at Coolidge, Ariz.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 20 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of [illegible]pter 191, 1911 Session Laws, has not been recorded, or in case [illegible]ure to report any birth which has occurred subsequent to su[illegible]te, such report may be received and filed by the local registrar [illegible]cord in the Bureau of Vital Statistics for the purposes and [illegible] prescribed in Chapter 2, Title 38, Idaho Code Annotated, when [illegible] report is accompanied by a certificate of the attending physicia[illegible] midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

S 112 004 356

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 326104
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier Ida.

4. FULL NAME OF CHILD Keith Lewis Severn

5. Date of Birth of Child (Month, day, year) May 12, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Enoch Severn
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Montpelier (City or town) Idaho (State or foreign country)
14. Exact Occupation Office Clerk
15. Industry or Business Rail-road

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Maria Lewis
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Mountain Ash (City or town) South Wales (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8:15 P. M. on the date and at the place stated above, and that personal particulars were furnished by Flora Severn (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. ~~Midwife~~ Address 2911 Jennifer St. San Diego Calif Date 12-15-41

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1941 by Mabel Keefer, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH
DELAYED

dup of 1909-D51-2217

792-101-006-279

326106

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county — years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Poplar
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Poplar, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD James Louis Gibson

5. Date of Birth (Month, day year) Aug 1, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Louis Newton Gibson
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Danville, Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Caroline Spain
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace New Sharon Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) DEC 19 1941 (Date received) (b) Mabel Fowler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature C W Clus M.D. (D.O., Midwife, etc.)
and address Idaho Falls Idaho Date Dec 17-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

361-103021 845

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 326110
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ✓ days.
IN **THIS** county 9 years ? month ? days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Ashton, Idaho

4. FULL NAME OF CHILD Ralph Douglas Cordon

5. Date of Birth (Month, day year) June 3, 1909

6. Sex Male

7. Twin or Triplet Alone If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ralph Purl Cordon
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zella Hunter
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Salt Lake (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born alive~~ (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 19 1941 (Date received) (b) Mabel Fenlon (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ralph Purl Cordon, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ralph Douglas Cordon (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lundgreen (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has ~~not been~~ previously recorded.

Ralph P. Cordon Signature
Ashton, Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of Nov, 1941

(SEAL) Thos B. Fargis Notary Public, residing at Ashton, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279 119 014 364 -

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 326114
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home address
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 mo. 4 days
3. RESIDENCE OF FATHER (city, state) Nampa

4. FULL NAME OF CHILD Thomas Milton Spickelmier
5. Date of Birth of Child (Month, day, year) 11-19-1909
6. Sex Male
7. Twin or Triplet ——— If so—born 1st, 2nd, 3rd ———
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Thomas Asa Spickelmier
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Willis (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ———

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ella Gertrude Compton
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Willis (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ———

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Ag Nit
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by E. G. Spickelmier (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife J H Murray Address Nampa Ida Date Feb 19, 1942

State of Kansas
County of Brown } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 61 years, and that Murray, M. D. (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ella G Spickelmier Signature
Willis, Kansas P. O. Address

Subscribed and sworn to before me this 15th day of January, 1942
(SEAL) Marvell County Clerk ~~XXXXXXXXX~~ residing at Hiawatha, Kans.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mark H Feller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

326119

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 15 1941

1. PLACE OF BIRTH
County of Bonner
City of Hope
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. 0 ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harold Lester Ferguson

3. Sex Male
If plural births { 4. Twin, triplet, or other no
5. Number, in order of birth 2
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth Jan 23, 1937 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Ferguson	18. Full maiden name Rachel Amelia Ferguson
10. Residence (usual place of abode) (If non-resident, give place and State) Hope Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Hope Idaho
11. Color or race White 12. Age at last birthday 27 (years)	20. Color or race White 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Norway	22. Birthplace (city or place) (State or Country) St Paul Minn
OCCUPATION 14. Trade, profession, or particular kind of work done, as soldier, sawyer, bookkeeper, etc. Steamboat Captain	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work Nov, 1928	25. Date (month and year) last engaged in this work Nov. 1928
17. Total time (years) spent in this work 23 years	26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

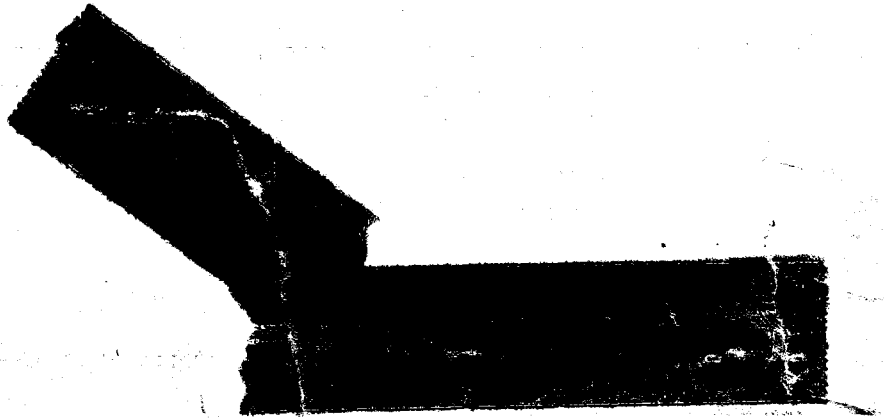
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) John Ferguson, M. D.
or Mrs. Nard ..... Midwife
Address Hope, Idaho

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report .....

(Date of) Filed DEC 15 1941, 193.. Marion T. Eccles
Registrar. Registrar.



Affidavit for birth certificate for Harold Ferguson.

659-123 009-659

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho.
County of Priest River, Idaho. } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Ferguson, --- --- --- being first duly sworn says that I, am the is the Father, -- -- of Harold Lester Ferguson,
(Relationship of child)*

born January 23rd. 1909, at Hope, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that we never got One, desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Harold Lester Ferguson,

We got no Certificate & so Has None, hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that No Dr. a Mid Wife a Mrs, Nord, M. D. was the Midwife medical attendant at the birth of said Harold Lester Furgason, and that the said medical attendant is She is Now Dead,
(Now deceased (or) cannot be located)

Name of Affiant John Ferguson John Ferguson, Father.

P. O. Address Priest River, Idaho,

Subscribed and sworn to before me this 4th. day of March --- ---, 19 39.

Ricka McLean
Notary Public. In and for Idaho.
Residing at Priest River, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

255-214-001-855

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Meridian

No. RR St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

327086

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Nola Marie Berry

3. Sex F

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth 11-14-1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name D M Berry	18. Full maiden name Ida Margaret Henaman
10. Residence (usual place of abode) (If non-resident, give place and State) Meridian R 2	19. Residence (usual place of abode) (If non-resident, give place and State) Meridian R 2
11. Color or race W | 12. Age at last birthday 38 (years)	20. Color or race ..... | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Iowa	22. Birthplace (city or place) (State or Country) Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hw.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child) 5

(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at 4 P m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) M Calloway, M. D.

or ....., Midwife

Address Boise Idaho

Give name added from a supplemental report .....

(Date of)

Filed Dec 13 1909 Mary H Elder

Registrar.

Registrar.

279-116-208-386

United States
Department of Commerce
Bureau of Census

DEC 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327091
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Roseberry
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
IN THIS county 4 years 2 month 8 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Roseberry
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Roseberry, Idaho

3. RESIDENCE of FATHER (city, state) Roseberry, Idaho

4. FULL NAME OF CHILD Floyd Spink

5. Date of Birth (Month, day, year) August 16, 1909

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Wesley John Spink	16. FULL MAIDEN NAME Emma Elmira Lyons
11. Color or Race White 12. Age at time of THIS birth 30 yrs.	17 Color or Race White 18. Age at time of THIS birth 25 yrs.
13. Birthplace Isabelle County, Michigan (City or town) (State or foreign country)	19. Birthplace St. Louis, Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business —	21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 20 1941 (Date received) (b) Mabel Fielder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Michigan
County of Genesee } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Rudduck, being first duly sworn, say that I am related to (Related to (or) acquainted with) Floyd Spink (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Johnson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bertha Rudduck Signature
2317 Francis Avenue, Flint Michigan P. O. Address

Subscribed and sworn to before me on this 18 day of December 1941

(SEAL) Kenneth B. Campbell Notary Public, residing at Flint, Michigan
My commission expires May 25, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-112-009-238

327099

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. forgotten
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 6 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. forgotten
(e) How long has **MOTHER** lived in Idaho? 6 mo. 15 d yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Ida

4. FULL NAME OF CHILD GEORGE FREDERICK CAMPBELL

5. Date of Birth of Child (Month, day, year) Feb. 17, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred C. Campbell
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Saratoga Twp. (City or town) Winona Co. Minn. (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine M. Schmit
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Quincy, (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 plus years, and that Dr. MacKinnon (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred C. Campbell Signature
1508 Smith Tower Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 1st day of December, 1941.
(SEAL) Edgar C. Snyder Notary Public, residing at Seattle.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 20 1941 by Mabel H. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-125-003-411

327113

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO DEC 16 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 3 years 2 month 11 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Texas (b) County Muse
(c) City Plainview
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Pocatello Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD RALPH TALBOT WARD WALLIN

5. Date of Birth (Month, day year) 1/25/09

6. Sex male

7. Twin or Triplet 0

If so—born 1st, 2nd, 3rd 0

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lucian T. Wallin
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Aurora (City or town) Missouri (State or foreign country)
14. Exact Occupation Railroad Road Master
15. Industry or Business Santa Fe R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Major
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Fayette (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lena M. Wallin (First name) (Last name), who is related to this child as mother (Mother, etc)

26. (a) DEC 16 1941 (Date received) (b) Mabel L. Feeley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lena Major Wallin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ralph Talbot Ward Wallin (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Oscar Steely (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Lena Major Wallin Signature
7634 Hampton Ave., Hollywood Calif. P. O. Address

Subscribed and sworn to before me on this 11th day of December 1941
(SEAL) John Ashberry Notary Public, residing at Los Angeles Calif
NOTARY PUBLIC
In and for the County of Los Angeles, State of California
My Commission Expires September 22, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286-106-030-286

United States
Department of Commerce
Bureau of the Census DEC 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327121
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon, Idaho

4. FULL NAME OF CHILD George Elmo Shoup.

5. Date of Birth of Child (Month, day, year) Sept. 6. 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 Mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mr. William Henry Shoup
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Salmon (City or town) Idaho. (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Store Owner.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie R. Shoup.
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Deer Lodge (City or town) Montana. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business " " " " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 32 years, and that Dr. F. S. Wright, M.D. (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Richardson Shoup Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of December, 1941.
(SEAL) Frederick Hughes Snook Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Mark H. Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-104-025-755. 327148

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327148
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Idaho (b) City: Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Idaho
(c) City: Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Albert S Brown

5. Date of Birth of Child (Month, day, year) July 4, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sidney M. Brown
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Riverside (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Gentry
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Fleetwood (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 7:30 — a M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Dr. J. W. Turner (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sidney Milton Brown — Signature
Lewiston Idaho — P. O. Address

Subscribed and sworn to before me this 11 day of December, 1941.

(SEAL) Philip Weigler — Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1941 by Clyde A. Bridges Asst., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

751-109 od-689 327177

327177

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327177
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 25-10 - Bella St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 25-10 Bella St
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD David White Pearson

5. Date of Birth (Month, day year) Sept. 9-1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Pearson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Glasgow (City or town) Scotland (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ann White
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Newton Stewart (City or town) Scotland (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 27 1941 (Date received) (b) Clyde A. Bridge (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Margaret Ann Pearson being first duly sworn, say that I am related to (Related to (or) acquainted with) David White Pearson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Louisa B. West (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret Ann Pearson Signature
911-26th St. Santa Monica, Calif. P. O. Address

Subscribed and sworn to before me on this 12 day of December 1941

(SEAL) Notary Public, residing at Los Angeles

My Commission Expires June 12, 1943

NOTARY PUBLIC
In and for the County of Los Angeles, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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367-130-040-843

327201

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO DEC 24 1941

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Mullan Ida.
(c) Street Address or R.F.D. No. Private Home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. Home
In **THIS** county 6 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No. none.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Unknown

3. **RESIDENCE of FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Jesse Cogswell

5. Date of Birth (Month, day, year) Oct. 30, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Cogswell
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Galena (City or town) Kansas (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Hutsell
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Galena (City or town) Kansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Lloyd A. Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** James R Bean M.D. (D.O., Midwife, etc.)
and address Mullan Date 12/24/41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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234-205-004-695

United States
Department of Commerce
Bureau of the Census

DEC 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327210
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Paris
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Paris, Idaho

4. FULL NAME OF CHILD Lillian Leonora Stucki

5. Date of Birth of Child (Month, day, year) Nov. 5, 1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Thomas Stucki
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Paris (City or town) Idaho (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline (Lena) Fink
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Dr. Geo. F. Ashley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maria S. Cole Signature
Paris, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of December, 19 41

(SEAL) Ted Dalley Notary Public, residing at Paris, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Clyde A. Bridge Actg Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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231-125-001-168

327221

United States
Department of Commerce
Bureau of the Census

DEC 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 1302 N 12TH
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 3 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No 1302 N 12TH
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) BOISE IDAHO

4. FULL NAME OF CHILD WILLIAM JOHNSTON BLAKE

5. Date of Birth of Child (Month, day, year) MARCH 25 1941

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** THOMAS JOHN BLAKE
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace MAUYOO (City or town) ILL (State or foreign country)
14. Exact Occupation SALESMAN
15. Industry or Business DRY GOODS

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NORA ELIZABETH JOHNSTON
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace ST PAUL (City or town) MINN. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that WARREN D SPRINGER (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Thos J. Blake ..... Signature
Caldwell, Idaho ..... P. O. Address

Subscribed and sworn to before me this 18th day of December, 19 41

(SEAL) Mrs. L. Shaffer ..... Notary Public, residing at Caldwell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Clyde A Bridge Actg Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-12-007-993

327224

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Hill City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ? years ? month ? days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Hill City
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? ? yrs.
(f) Mother's mailing address Hill City Gen. Del.

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Francis Arthur Chipman

5. Date of Birth (Month, day year) May 27, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Clark Chipman
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace ? (City or town) Wisconson (State or foreign country)
14. Exact Occupation
15. Industry or Business Livery Stable

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Bell Ritchey
17. Color or Race White
18. Age at time of THIS birth 38 ? yrs.
19. Birthplace ? (City or town) Kansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag no 3

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 2:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ..... by Acting (Registrar's signature)

25. Attendant's **OWN** signature F. H. Dennis M.D. (D.O., Midwife, etc.)
and address Lovell, Wyo. Date Nov. 8-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

525-126-029-413

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327238
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Ranch near Moscow
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ....yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Anthony J. Ebel
5. Date of Birth (Month, day year) March 26, 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Charles Frank Ebel
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Berlin (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Frieda Mattausch
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Berlin (City or town) Germany (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Charles F. Ebel, being first duly sworn, say that I am related to (Related to (or) acquainted with) Anthony J. Ebel (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. L. Goodman (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth ~~has not been previously recorded.~~

Chas F. Ebel ....Signature
613-6th Ave. Lewiston, Idaho P. O. Address

Subscribed and sworn to before me on this 17 day of December, 1941
(SEAL) Ruth Hengeveld Notary Public, residing at ....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO

COUNTY OF NEZ PERCE

I, Charles J. Ebel, being duly sworn, depose and say that the information stated on the original BIRTH CERTIFICATE for ANTHONY J. EBEL is incorrectly stated, to wit:

FULL NAME OF CHILD - Anthony J. Ebel

Father's age 28 Mother's age 23

Number of Child at time of birth and including this child 8

Number born alive and now living 8

The above information should be corrected to read as follows:

FULL NAME OF CHILD Anthony Gerhard Ebel

Father's age 38 Mother's age 33

Number of Child at time of birth and including this child 9

Number born alive and now living 9

Charles Ebel

613 - 6th Avenue, Lewiston, I

Subscribed and sworn to before me this 20 day of January, 1

Philip Weisgerber

847-109-00-416

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327240
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Juna
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Juna
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Juna, Idaho

4. FULL NAME OF CHILD Loren Hughey

5. Date of Birth of Child (Month, day, year) Jan. 9, 1909

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hardy V. Hughey
11. Color or Race: White
12. Age at time of THIS birth: 28 yrs.
13. Birthplace: Sp. Garden, Ill. (City or town) (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business: Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Dawson
17. Color or Race: White
18. Age at time of THIS birth: 33 yrs.
19. Birthplace: Grundy Center, Iowa (City or town) (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature: Midwife is dead M.D. Midwife Address Date

State of Arkansas
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Hughey Signature
Yellville, Arkansas P. O. Address

Subscribed and sworn to before me this 15 day of December, 1941

(SEAL) Carl Reeves, Clerk By Zia McCullough D.C. Notary Public residing at Yellville, Ark.
Circuit Clerk of Marion County

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Clyde A. Bridges Acting, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217-120-006-764

United States
Department of Commerce
Bureau of the Census

DEC 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327276
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Moreland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Dempsey (Lava Hot Springs)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Dempsey, Ida.

4. FULL NAME OF CHILD Merl Harford Baxter

5. Date of Birth of Child (Month, day, year) Oct. 20, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Zemmri Harford Baxter
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Aurora (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elva Adelia Godfrey
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Dempsey (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 32 years, and that Doctor Davis (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elva Adelia Godfrey Baxter — Signature
Lava Hot Springs — P. O. Address

Subscribed and sworn to before me this 16 day of December, 1941.

(SEAL) M. Kasuka — Notary Public, residing at Lava Hot Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 27 1941 by Clyde A. Bridges Acting, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-106-006-155

327277

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Woodville
(c) Street Address or R.F.D. No. 1 Shelley
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery: At home
In Hospital or Maternity Home ..... Days
In **THIS** county 10 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Woodville
(d) Street Address or R.F.D. No. 1 Shelley
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address (For registration notice):
Shelley (Street or R.F.D.) Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Darrell O. McBride.

5. **DATE OF BIRTH** (Month, day, year) 4-6-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** H. S. McBride

11. Color or Race White

12. Age at time of THIS birth 47 yrs.

13. Birthplace Wellsville (City or Town) Utah (State or foreign country)

14. Exact Occupation Farming

15. Industry Business Rented farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jensen

17. Color or Race White

18. Age at time of THIS birth 44 yrs.

19. Birthplace Ephraim (City or Town) Utah (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Emma Jensen McBride (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

26. (a) DEC 27 1941 (Date received) (b) Clyde A. Bridge Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Edwin Cutler M.D. (D.O., Midwife, etc.)
and address Shelley, Id. Date 12-18-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JUL 14 1967

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

319-131-009-863

327285

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bonner (b) City Colburn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City ~~Sandpoint~~ Colburn
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.
(f) Mother's mailing address ~~Sandpoint~~ Colburn, Idaho

3. **RESIDENCE of FATHER** (city, state) Colburn, Idaho

4. **FULL NAME OF CHILD** Ira Frank Carter - Jr.

5. Date of Birth (Month, day, year) Dec 31 - 1909

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ira Frank Carter
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Scottville - Michigan (City or town) (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabelle Louisa Hatton Carter
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Watson - Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, ~~stillborn~~) at 9:00 P.M. on the date and at the place stated above and that personal particulars were furnished by Mabelle L. Carter (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Dec 27, 1941 (Date received) (b) ~~Ira F. Carter Jr.~~ (Registrar's signature)

27. Given name added on ____ by Clyde A. Bridge (Registrar's signature)

25. Attendant's **OWN signature** Delia Holton M.D. (D.O., Midwife, etc.) and address Alder Id. Date Dec 15

State of ____ } ss.
County of ____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-107-010-653 327299

327299

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327299
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BONNEVILLE (b) City POPLAR
(c) Street Address or R.F.D. No. R.F.D. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 23 years 4 month 10 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City POPLAR
(d) Street Address or R.F.D. No. RFD 3
(e) How long has MOTHER lived in Idaho? 55 yrs.
(f) Mother's mailing address POPLAR, IDAHO

3. RESIDENCE of FATHER (city, state) POPLAR, IDA-

4. FULL NAME OF CHILD GEORGE ALBERT BASSETT
5. Date of Birth (Month, day, year) SEPT. 7. 1909
6. Sex MALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME CHANCY ALBERT BASSETT
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace PROVIDENCE (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY ANES WETZEL
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace CRABORCHARD (City or town) VIRGINIA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (born alive, stillborn) at 4:00 P.M. on the date and at the place stated above and that personal particulars were furnished by MRS. CHANCY A. BASSETT (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) Dec 29-1941 (Date received) (b) Malvel K. Geldy (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anes Bassett, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Albert Bassett (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Parker (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anes Bassett — Signature
618 E. 3rd St. Emmett, Idaho — P. O. Address

Subscribed and sworn to before me of this 27th day of December, 1941

(SEAL) Elsa Salskov — Notary Public, residing at Emmett, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-125-0 01-168

327303

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 927303
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 1418 Grand Boise
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 1418 Grand Boise
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Howard Edgar Baldwin

5. Date of Birth of Child (Month, day, year) July 25-1909

6. Sex: Male

7. Twin or Triplet: —

If so—born 1st, 2nd, 3rd: —

8. No. months of Pregnacy:

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Herbert Edgar Baldwin
11. Color or Race: White
12. Age at time of THIS birth: 27 yrs.
13. Birthplace: Kansas (City or town) (State or foreign country)
14. Exact Occupation: Teamster
15. Industry or Business: Transfer business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel G. Johnson
17. Color or Race: White
18. Age at time of THIS birth: 18 yrs.
19. Birthplace: Buffalo (City or town) New York (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:20 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mabel Baldwin (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. M. Taylor M.D. ~~Midwife~~ Address Boise, Idaho Date Dec 29-1941

State of ..... } ss
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 29-1941 by Mabel I. Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-101-035-713 327312

327312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Peck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Peck, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Peck, Idaho

4. FULL NAME OF CHILD Kenneth John Johnson

5. Date of Birth of Child (Month, day, year) Nov. 1 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Johnson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Pilot Rock (City or town) Oregon (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Galloway
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Glass Gow, Ky (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 12.05 A.M. on the date and at the place stated above, and that personal particulars were furnished by Maggie (First name) Johnson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. M. Tyle M.D. ~~Midwife~~ Address Lewiston Ida Date 12-20-41

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 29-1941 by Mabel H. Geeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-115-021-759

327314

327314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327314
Local Reg. No.
Reg. Dist. No.

DEC 26 1941

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Preston Idaho

4. FULL NAME OF CHILD Clyde Lorenzo Taylor

5. Date of Birth of Child (Month, day, year) Sept 16 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Ole Taylor
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Preston (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Annorah Perkins
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Dayton (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Clyde Lorenzo Taylor Franklin Idaho (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Annorah Perkins Taylor. Signature
Preston Idaho P. O. Address

Subscribed and sworn to before me this 22 day of December, 1941.
(SEAL) [illegible] Notary Public, residing at Preston Id.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

572-108-001-414

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327327

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Madden Egbert		2. Date Of Birth (month) Nov (day) 8 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: Lee L Egbert		7. State or Country of Father's Birth: Fullerton, Nebraska	
MOTHER	8. Full Maiden Name of Mother: Nina Leola Madden		9. State or Country of Mother's Birth: Donahue, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Madden Egbert	11. Present Address of Registrant: BOISE - IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: October 30 1973	12. Signature of Notary: Helen Bullock	13. Notary Commission expires: March 10 1977	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Policy Application for Insurance -	By whom issued and signed: Oregon Life Insurance Co.	Date Issued: Sept.1,1927	Date Orig. Entry: ------
	Date of Birth: Nov.8,1909 / Birth Place: Meridian,Idaho	Full Name of Mother: Nina Egbert	Name of Father: Lee Egbert	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Hospital Record	By whom issued and signed: St. Alphonsus Hospital-Boise Idaho R. S. Smith , M.D.	Date Issued: Nov.14,1973 (Jan.18,1967)	Date Orig. Entry: Jan.18,1967
	Date of Birth: Nov.8,1909 / Birth Place: Idaho	Full Name of Mother: --------	Name of Father: Lee Egbert	
SUPPORTING RECORD 3.	Type of Document: Application for Employment	By whom issued and signed: Idaho Power Company K.M. Robinson - Pres.	Date Issued: -------	Date Orig. Entry: May 19, 1937
	Date of Birth: Nov.8,1909 / Birth Place: Meridian, Idaho	Full Name of Mother: Nina Madden	Name of Father: Lee Egbert	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Sue Lowe	Date Filed: Nov. 14, 1973	

FORM BH 56067

NM cor on del. 327327

10-29-73 gml

Vendi Jansen

327327

United States
Department of Commerce
Bureau of Census

DEC 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327327
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Meridian
(c) ~~Street Address~~ or R.F.D. No. 2
(d) Name of Hospital ~~or Maternity Home~~ own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Meridian Idaho

3. RESIDENCE of FATHER (city, state) Meridian Idaho

4. FULL NAME OF CHILD Kenneth Madden Egbert

5. Date of Birth (Month, day year) Nov. 6. 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lee L. Egbert
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Fullerton (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nina Leola Egbert
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Donahue (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 30 1941 (Date received) (b) Paul H. Geier (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Archie M. Barton attending physician (Doctor, Midwife, etc.)
and address Meridian Idaho Date Dec 29 1941

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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623-115-00-66

327353

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address ~~or R.F.D. No.~~: unknown
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address ~~or R.F.D. No.~~: unknown
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Boise Brown Osterhout

5. Date of Birth of Child (Month, day, year) March 15, 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roy Davis Osterhout
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace unknown (City or town) New York (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business Methodist Episcopal Church

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Ellen Wood
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Canehill (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name), who is related to this child as _____ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that Doctor (First name) _____ (Last name), who attended this birth is unknown to me (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Ellen Osterhout Signature
Box 341, Sunnyside, Washington P. O. Address

Subscribed and sworn to before me this 1 day of Dec, 1941
(SEAL) T. L. Stone Notary Public, residing at Sunnyside
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1941 by Maud H. Euler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-113-028-125

327384

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH DEC 26 1941

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Lane
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county 9 years 1 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Lane
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Lane, Idaho

3. RESIDENCE of FATHER (city, state) Lane, Idaho

4. FULL NAME OF CHILD Josep h Abel Downie

5. Date of Birth (Month, day year) Aug. 13, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charlie N. Downie
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Newaygo (City or town) Michigan (State or foreign country)
14. Exact Occupation Sawmill operator
15. Industry or Business Sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Lamarr Abel
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Eagle Creek-Rural- Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead - (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Mark H. Eller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Tillamook } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Charlie N. Downie, being first duly sworn, say that I am related to (Related to (or) acquainted with) Joseph Abel Downie (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Montgomery (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charlie N. Downie Signature
Wheeler, Ore. P. O. Address

Subscribed and sworn to before me on this 15th day of December, 1941
(SEAL) Chas. Lumby Notary Public, residing at Tillamook, Ore.
My commission expires Jan. 6, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-222-029-265

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 18 1941

State File No. 327388
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: -
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City near Palouse, Washington
(d) Street Address or R.F.D. No. 4
(e) How long has MOTHER lived in Idaho? 7½ yrs.
(f) Mother's mailing address Palouse, Wash.

3. RESIDENCE of FATHER (city, state) Palouse, Wash.

4. FULL NAME OF CHILD NOLA MARGARET McCLUNG

5. Date of Birth (Month, day, year) June 22, 1909

6. Sex Female

7. Twin or Triplet - If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME HOMER B. McCLUNG	16. FULL MAIDEN NAME DORA ELLEN BONDURANT
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 30 yrs.	18. Age at time of THIS birth 32 yrs.
13. Birthplace Niles, Michigan (City or town) (State or foreign country)	19. Birthplace Near Bremen, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business Farming	21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know whether used or not

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn One (1)

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 18 1941 (Date received) (b) Mabel H. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of CALIFORNIA
County of SAN JOAQUIN } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, DORA ELLEN McCLUNG, being first duly sworn, say that I am related to (Related to (or) acquainted with) NOLA MARGARET McCLUNG (Name of person on certificate above) as the mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. HARVENSON (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Dora Ellen McClung Signature

P.O. Box 592, Woodbridge, Calif. P.O. Address

Subscribed and sworn to before me on this Ninth day of December, 1941.

(SEAL) D. A. Dougherty, Jr. Notary Public, residing at Lodi, California

My Commission Expires: February 1st, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

617-105035 652

United States
Department of Commerce
Bureau of the Census DEC 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327407
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce later changed to Lewis Co. (b) City NezPerce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County NezPerce
(c) City NezPerce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) NezPerce, Idaho

4. FULL NAME OF CHILD Roy Eldon Wagerly

5. Date of Birth of Child (Month, day, year) June 5, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lew Elzie Wagerly
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business Electrical

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ellen West
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Butler (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. Shawley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Ellen Baker — Signature
317 Pine St., Klamath Falls, regon — P. O. Address

Subscribed and sworn to before me this 8th day of December, 1941

(SEAL) Louise Worley — Notary Public, residing at Klamath Falls, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES OCT. 6, 1942

Received for filing on DEC 22 1941 by Mabel V. Eliefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

287-06-069-838

327412

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 22 1941

1. PLACE OF BIRTH
(a) County Boundary (b) City Copeland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 5 years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Copeland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address above

3. RESIDENCE of FATHER (city, state) above

4. FULL NAME OF CHILD Donald Shively

5. Date of Birth (Month, day, year) Sept 6, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Lane Shively
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace Iowa City (City or town) Iowa (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Honora Flynn
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Sauk Center (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business on Ranch

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at ____ A.M. on the date and at the place stated above, and that personal particulars were furnished by Henry Lane Shively (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) DEC 22 1941 (Date received) (b) Michael H. Eddy (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Mrs Robert Krause (~~M.D.~~, Midwife, ~~etc.~~)
and address Bonners Ferry, Ida. Date Dec. 18, 1941

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature
____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 112035 463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327423
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Agatha
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county two years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Agatha
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? two yrs.

3. RESIDENCE OF FATHER (city, state) Agatha, Idaho

4. FULL NAME OF CHILD Edgar Leonard Parks

5. Date of Birth of Child (Month, day, year) July 12, 1909

6. Sex male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Arthur Parks
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Burnett, Texas (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Canzadie Adeline Dotson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Lafette, Tennesee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that Mrs. Charley Hoskins (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Arthur Parks Signature
Route # 2, Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of December, 19 41
(SEAL) [signature] Notary Public, residing at Nampa, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 24 - 1941 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

236-125 003-366

327448

United States Department of Commerce Bureau of the Census

DEC 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Bannock (b) City: Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Ida. (b) County: Bannock
(c) City: Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 69 yrs.

3. RESIDENCE OF FATHER (city, state) Downey Ida.

4. FULL NAME OF CHILD Roscoe Stoddard

5. Date of Birth of Child (Month, day, year) 4-25-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Stoddard
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Coffin
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Downey (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum yes.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 13-now deceased years, and that Martha Hancock (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Stoddard — Signature
Salmon, Idaho. — P. O. Address

Subscribed and sworn to before me this 17th day of December, 1941

(SEAL) W. S. Eakle — Notary Public, residing at Salmon, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469120032-269

327470

United States Department of Commerce Bureau of Census Lincoln

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 26 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Gooding~~ (b) City Gooding
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: ranch home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 5 years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Gooding~~
(c) City Gooding Lincoln
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Gooding, Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Philip Douglas Morris

5. Date of Birth (Month, day year) 9/20/09

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Hite Morris
11. Color or Race White
12. Age at time of THIS birth 59 yrs.
13. Birthplace (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johana Sorensen
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9 (c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Frances (First name) Barker (Last name), who is related to this child as Sister (Mother, etc)

26. DEC 26 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho, County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Glenn R. Barker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Philip Douglas Morris (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Greene (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Glenn R. Barker — Signature

Box 575 Gooding Idaho — P. O. Address

Subscribed and sworn to before me on this 4 day of December, 1941.

(SEAL) E. L. Stilson — Notary Public, residing at Gooding Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

545 105 028 249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327475
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: In Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Arthur Edelblute

5. Date of Birth of Child (Month, day, year) April 5, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Harvey Edelblute
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Keats (City or town) Kansas (State or foreign country)
14. Exact Occupation Surveyor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elma A. Burns
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Toledo, (City or town) Oregon (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Dr. Frank Wenz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT RATHDRUM, IDAHO.
MY COMMISSION EXPIRES OCT. 11, 1945

Mrs. Elma A. Edelblute ..... Signature
Rathdrum Idaho ..... P. O. Address

Subscribed and sworn to before me this 1st day of December, 1941

(SEAL) ..... Notary Public, residing at Rathdrum Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 20 1941 by Maurel H. Geiser, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Cabinet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Cabinet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Cabinet, Ida.

4. FULL NAME OF CHILD William Norman Arthurs

5. Date of Birth of Child (Month, day, year) Sept. 10, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Arthurs
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Thurso, P Q Canada (City or town) (State or foreign country)
14. Exact Occupation Homesteader
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ann Maloney
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Thurso, P Q Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Ann Arthurs (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO, County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that ..... (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Margaret Ann Maloney Arthurs
Signature

Sandpoint, Idaho
P. O. Address

Subscribed and sworn to before me this 19th day of December, 1941.

(SEAL)

Notary Public residing at Sandpoint, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Maud E. Felper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815 108-044 313

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327484
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: mother's own home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county years 11 months ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Weiser, R.F.D. 3

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD George Andrew Hansen

5. Date of Birth (Month, day, year) 3/8/09

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Christian William Hansen
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Margaret Caldwell
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Knoxville (City or town) Tennessee (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by Rebecca M. Valentine (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) DEC 22 1941 (Date received) (b) Mavel H. Helen (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Washington
County of Kittitas } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rebecca Margaret Valentine, being first duly sworn, say that I am mother (Related to (or) acquainted with) Geirge Andrew Hansen (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Agnes Bennett, nurse (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Margaret Valentine Signature
P. O. Address

Subscribed and sworn to before me on this 19th day of December, 1941

(SEAL) A. T. Gregory Notary Public, residing at Ellensburg

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

DEC 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327497

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County WASHINGTON (b) City MIDVALE,
(c) Street Address or R.F.D. No. RURAL ROUTE.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years 3 month 13 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City MIDVALE,
(d) Street Address or R.F.D. No. RURAL ROUTE
(e) How long has **MOTHER** lived in Idaho? OVER 2¼ yrs.
(f) Mother's mailing address MIDVALE, IDAHO

3. RESIDENCE of FATHER (city, state) MIDVALE, IDAH

4. FULL NAME OF CHILD ELSIE MAY ROGERS

5. Date of Birth (Month, day year) JANUARY 27, 1909

6. Sex FEMALE

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EVERETT A. ROGERS
11. Color or Race WHITE
12. Age at time of THIS birth 25 3/4 yrs.
13. Birthplace IRETON (City or town) IOWA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER FOR SELF

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LUCY MAY HANSELL
17. Color or Race WHITE
18. Age at time of THIS birth 26¼ yrs.
19. Birthplace ATHENA, (City or town) OREGON (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) DEC 26 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Georgie Partch, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) ELSIE MAY ROGERS (Name of person on certificate above) as (AUNT) MOTHER'S SISTER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Titsworth (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Georgie Partch Signature

Garfield, Washington. P. O. Address

Subscribed and sworn to before me on this 9th day of Dec. 1941

(SEAL) Ora M. Johnson Notary Public, residing at Garfield, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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TR 707-032-257

327524

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH DEC 24 1941
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lincoln (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Rex Parmentier

5. Date of Birth (Month, day year) Oct. 7, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Jerome Parmentier
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace North Platte (City or town) Nebraska (State or foreign country)
14. Exact Occupation Dairy Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Seamans
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Goshen (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 24 1941 (Date received) (b) Marie H. Geder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, George Parmentier, being first duly sworn, say that I am Related (Related to (or) acquainted with) Rex Parmentier (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Unknown (Name of attendant at birth), who attended said birth Unknown (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George L. Parmentier Signature
R 2 Box 294 Salem Ore. P. O. Address

Subscribed and sworn to before me on this 20 day of December, 194[illegible]

(SEAL) Lee Moody Notary Public, residing at Salem, Ore.
Com. expires Oct 7, 1945 653 N. High

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-127-029-714

327526

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 19 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 51 yrs.
(f) Mother's mailing address Moscow, Idaho

3. RESIDENCE of FATHER (city, state) dead

4. FULL NAME OF CHILD Melvin Martin Murphy

5. Date of Birth (Month, day, year) Nov. 27, 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Richard Murphy
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Des Moines, Iowa (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Gena Paulson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Tronjahme, Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by I was present (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Dec 31-1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Lottie G. Kraeing M.D. (D.O., Midwife, etc.) and address Moscow, Idaho Date Dec. 24, 41

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie G. Murphy, being first duly sworn, say that I am related to (Related to (or) acquainted with) Melvin Martin Murphy (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Annie G. Murphy Signature
420 S. Asbury St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 24th day of December, 19 41

(SEAL) W. Hetherson Probate Judge Notary Public, residing at Moscow, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619127-016-315

327536

United States
Department of Commerce
Bureau of the Census DEC 23 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327536
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CASSIA (b) City BURLEY
(c) Street Address or R.F.D. No. FARM
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City BURLEY
(d) Street Address or R.F.D. No. FARM
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) 10

4. FULL NAME OF CHILD GILBERT DALE FARNSWORTH

5. Date of Birth of Child (Month, day, year) NOV. 27 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** BENJAMIN FARNSWORTH
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace RICHFIELD (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JULIA JOSEPHINE LANSFERE
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace PANGUITCH (City or town) UTAH (State or foreign country)
20. Exact Occupation WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 32 years, and that DR. FREMSTEAD (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

B W Farnsworth ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 22 day of December, 1941

(SEAL) M F Gem ..... Notary Public, residing at Gooding Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 23 1941 by Mabel H Geeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

807 113 0447465

327546

United States
Department of Commerce
Bureau of the Census

DEC 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327546
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Wash. (b) City: Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Wash.
(c) City: Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Cambridge, Ida

4. FULL NAME OF CHILD Frederick William York

5. Date of Birth of Child (Month, day, year) 3-13-1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sherman Nicholas York
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Polk County, Mo. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Georgia Alma Moe
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace The Dalles, Ore. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for life years, and that Dr. Chas. Smitz (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgia Alma Moe York — Signature
Cambridge, Idaho. — P. O. Address

Subscribed and sworn to before me this 31st day of December, 19 41.
(SEAL) Geo. P. Shearer — Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1941 by Mabel H. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295-211-028-419 327566

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327566
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenia (b) City Chatcolet
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home:
Born on Homestaed
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years XX months XX days XX

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenia.
(c) City Chatcolet
(d) Street Address or R.F.D. No. Gen. Del
(e) How long has **MOTHER** lived in Idaho? 8 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Alice Elizabeth Binford

5. Date of Birth of Child (Month, day, year) Dec. 11, 1909.

6. Sex Female

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd XX

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Rufus Binford
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Blanche Marshall
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Grant City Missouri (City or town) (State or foreign country)
20. Exact Occupation Housekeeper.
21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Missouri
County of Livingston } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. Roberts (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Marshall Binford Signature

705½ Webster St. Chillicothe, Missouri P. O. Address

Subscribed and sworn to before me this 27th day of December, 1941.

(SEAL) [illegible] Notary Public, residing at Chillicothe, Mo. Livingston County.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1941 by Marvel H. Eiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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542-108030-386

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 29 1941

State File No. 327602
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No Boyle Creek
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
(f) Mother's mailing address Salmon, Idaho

3. RESIDENCE of FATHER (city, state) Salmon, Idaho

4. FULL NAME OF CHILD David Roy Embley

5. Date of Birth (Month, day year) April 8, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Erle Embley
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Mendon (City or town) Michigan (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Thornburg
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Cherryville, No. Carolina (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Lula Thornburg Embley (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) DEC 29 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Margaret Baer M.D. (D.O., Midwife, etc.)
and address Salmon, Idaho. Date 12-11-41

State of Washington
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lula Embley, being first duly sworn, say that I am related to (Related to (or) acquainted with) David Roy Embley (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. F. Hanmer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lula Embley Signature
Rt. 1, Box 25 - Longview, Washington P. O. Address

Subscribed and sworn to before me on this 27th day of December, 1941.
(SEAL) Alma M. Berly Notary Public, residing at Longview, Washington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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764-103-028895

United States
Department of Commerce
Bureau of the Census

DEC 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327616
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootnai (b) City Couer D'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnai
(c) City Couer D'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Two yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD George Gilmer Gould

5. Date of Birth of Child (Month, day, year) 2/3/1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Clay Gould
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Chippewa Falls (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Mill Setter
15. Industry or Business Lumber Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Lucy Hinz
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Dyk, West Prussen, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 32 years, and that ..... (First name) ..... (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Martha L. Gould Signature
1075 Market Street Salem, Ore. P. O. Address

Subscribed and sworn to before me this 23d day of December, 1941
(SEAL) Ethel F. Hunter Notary Public, residing at Salem, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
My Commission Expires Oct. 25, 1942

Received for filing on DEC 26 1941 by Mabel H. Geiger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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643-215-014-319

327633

United States
Department of Commerce
Bureau of Census

DEC 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Canyon, now Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Emmett, Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Frances Gwinnette Fuller

5. Date of Birth (Month, day, year) Mar. 15, 1909

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd 7th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Gwinn Fuller
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Boise, Idaho (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Stockman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma V. Laing
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Windom, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Marvel F. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma V. Fullar, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frances Gwinnette Fuller (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Robt. Green (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma Fuller
Signature

Council, Idaho
P. O. Address

Subscribed and sworn to before me on this 14 day of July, 1941

(SEAL) Matilda Moore, ~~Notary Public~~ Clerk District Court, residing at Council Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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818-108064-415

327635

United States
Department of Commerce
Bureau of the Census

DEC 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Bear Lake (b) City: Paris
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Bear Lake
(c) City: Paris
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Paris Idaho

4. FULL NAME OF CHILD James Monroe Hays

5. Date of Birth of Child (Month, day, year) Jan. 8 - 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dee Lora Hays
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Riverton (City or town) Utah (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Davis
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace San Juan County (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dr. George Ashley

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.) Dr. + nurse are both dead.

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for since birth 32 yrs years, and that Dr. George (First name) Ashley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella Davis Hays Signature
424 Pleasant St. Salt Lake City P.O. Address

Subscribed and sworn to before me this 29th day of December, 1941.
(SEAL) Marie H. Tanner Notary Public, residing at Salt Lake City Ut

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1941 by Marie H. Tanner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-107-UV-953

327645

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 30 1941

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Anthony Bartlett Moss

5. Date of Birth (Month, day, year) feb.7 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Bartlett Moss, Jr

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Payette, Idaho
(City or Town) (State or foreign country)

14. Exact Occupation Salesman

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Zeller

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace McBride, Mich.
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silloid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10.20 p. M. on the date and at the place stated above, and that personal particulars were furnished by Grace Zeller Moss (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 30 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** [illegible] M.D. (D.O., Midwife, etc.)
and address Payette, Idaho Date 12/9/41

JAN 22 1969

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

651-117-029-295

327647

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Firman Michael Weatherby

5. Date of Birth of Child (Month, day, year) Nov. 17, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Andrew Weatherby
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Asotan (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Medora King
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Burke's Garden (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Sarah Jane Weatherby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Andrew Weatherby — Signature
Vale, Oregon — P.O. Address

Subscribed and sworn to before me this 29th day of December, 1941.

(SEAL) Percy Travis — Notary Public, residing at Vale, Ore.
My com. expires Jan. 2, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1941 by Maurel L. Geeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-115-10-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327656
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho, Falls City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born in own home.
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county Ten years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho Falls
(c) City Idaho Falls
(d) Street Address or R.F.D. No. No Numbers
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Howard Dale Iverson

5. Date of Birth of Child (Month, day, year) Aug. 15, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Orlando Iverson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Salesman in Mercantile
15. Industry or Business Mercantile Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Bieri
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Geneva, Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Julia Iverson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Iverson Signature
4865 Canterbury Dr. P. O. Address

Subscribed and sworn to before me this 19 day of December, 19 41.
(SEAL) Fred E. Shearer Notary Public, residing at Xoid 3 Ost

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 23 1941 by Marvel H. Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-101-022-993

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327660
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Hayden
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Home - Hayden, Idaho -
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home ..... days.
IN **THIS** county 20 years — month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Hayden, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address R# 3 Caldwell
3. RESIDENCE of FATHER (city, state) Idaho -

4. FULL NAME OF CHILD Roy Demont Christensen
5. Date of Birth (Month, day year) May 1, 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Niels Peter J. Christensen
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Logan, Utah (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Machine Shop

MOTHER OF CHILD
16. FULL MAIDEN NAME Lucy Ricks
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Rexburg, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living 9
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Dec 2 - 1942 (Date received) (b) [illegible] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lucy Ricks Christensen, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) Roy Demont Christensen (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Keith — (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lucy Ricks Christensen Signature
R# 3 Caldwell Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of December 1941
(SEAL) [illegible] Notary Public, residing at Caldwell, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-101-031-851

327713

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child) JAN 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327713
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Lewis (b) City: Nez Perce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Lewis
(c) City: Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Nez Perce, Ida.

4. FULL NAME OF CHILD Elmer William Jenkins

5. Date of Birth of Child (Month, day, year) March 9, 1909

6. Sex male

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James William Jenkins
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elma Viola Hess
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Grundy Center Iowa (City or town) (State or foreign country)
20. Exact Occupation h usewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 P.M. M. on the date and at the place stated above, and that personal particulars were furnished by Elma Viola Jenkins (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Dr. Kelley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elma V. Jenkins Signature

Lenore, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of January, 19 42

(SEAL) [illegible] Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Mabel H. Geldes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632/1300 632

327724

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 6 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327724
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 1166 River St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 1166 River St.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Oscar Leonard Olson

5. Date of Birth of Child (Month, day, year) May 13th 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis Olson
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Stavanger (City or town) Norway (State or foreign country)
14. Exact Occupation Street Foreman
15. Industry or Business City of Boise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johanna Daarthea Olson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Stavanger (City or town) Norway (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Johanna Olson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ralph Todd M.D. ~~Midwife~~ Address Boise Date 5/15 1909

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Mabel H. Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-103-016 693

327734

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 6 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327734
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. Locust St.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Ross Benson

5. Date of Birth of Child (Month, day, year) July 3 - 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** John Franklin Benson
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella May Wilson
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living ✓

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Dr. A. F. J. Wilson (First name) (Last name), who attended this birth was now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Franklin Benson Signature
1706 N. 9th Boise P. O. Address

Subscribed and sworn to before me this 6 day of Jan, 1942
(SEAL) W. B. Foy Notary Public, residing at Boise Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Marvel H. Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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327752

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City DeLamar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City DeLamar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) DeLamar, Ida

4. FULL NAME OF CHILD Albert Ernest Wills

5. Date of Birth of Child (Month, day, year) Dec. 4 1909

6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Ernest Wills, Sr.
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Cornwall (City or town) England (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Willie Louise Bray
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Phillipsburg, (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9 — P. M. on the date and at the place stated above, and that personal particulars were furnished by Lillie Louise Wells (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Minnie Stephens M.D. Midwife Address [illegible] Washa Date 12.30/41

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Marie [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327757
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lorenzo
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lorenzo
(d) Street Address or R.F.D. No. R.F.D. 202
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Lorenzo Ida

4. FULL NAME OF CHILD Ruby Althea Gallup

5. Date of Birth of Child (Month, day, year) 13th Aug 1909

6. Sex female 7. Twin or Triplet 8. If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willis Strong Gallup
11. Color or Race white 12. Age at time of THIS birth 22 yrs.
13. Birthplace Springville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Caroline Fowler
17. Color or Race white 18. Age at time of THIS birth 17 yrs.
19. Birthplace Lorenzo Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of SAN BERNARDINO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fiftyfour years of age, that I have known this person for all his life years, and that Lydia A. Gallup (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Willis Strong Gallup Signature
870 College Ave Redlands Calif P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941

(SEAL) Olive E. Copeland Notary Public, residing at Redlands, California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Marvel H. Geeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH JAN 2 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in private home of his father
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 3/4 yrs.

3. RESIDENCE OF FATHER (city, state) Mt. Home Ida.

4. FULL NAME OF CHILD Verne Henry Reckmeyer

5. Date of Birth of Child (Month, day, year) May 16th 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy full time

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert Reckmeyer
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Fremont (City or town) Nebraska (State or foreign country)
14. Exact Occupation Banker
15. Industry or Business Banking

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Achsah Louise Mullison
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace On Ranch near Saratoga, Wyo (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wyoming
County of Laramie } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 32 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Achsah Louise Mullison Storey — Signature
2623 Central Avenue, Cheyenne, Wyo — P. O. Address

Subscribed and sworn to before me this 31st day of December, 1941.
(SEAL) G. A. Johnson — Notary Public, residing at Cheyenne, Wyo.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES JAN. 28, 1945.

Received for filing on JAN 2 1942 by Maud H. Geeper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 2 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327838
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: now Mrs. Hugh Prisuls home. Dead.
(e) Mother's stay **BEFORE** delivery: Born in this county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? all life yrs.

3. RESIDENCE OF FATHER (city, state) Idaho, Salmon

4. FULL NAME OF CHILD Russell Thomas Frary

5. Date of Birth of Child (Month, day, year) Mar. 27th 1909

6. Sex Boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George W. Frary.
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Salmon City, (City or town) (State or foreign country)
14. Exact Occupation Miner.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elva Lena Lyons
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Nicholia Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Dead Date

State of Idaho, County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for always years, and that I am the one who gave ~~who attended~~ this birth (First name) (Last name) (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Elva Cummings Forsely
Signature
Elva Frary, Challis
P. O. Address

Subscribed and sworn to before me this 22nd day of Dec. 1941.

(SEAL) Notary Public, residing at Challis, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Maxwell F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

DEC 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 2 1942

State File No. 327844
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. RFD #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: At home
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. RFD #2
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address above

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Hazel Virginia Geilor

5. Date of Birth (Month, day year) Aug 8, 1909

6. Sex Female Twin or Triplet no If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Decator Geilor
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Berkley Springs (City or town) West Virginia (State or foreign country)
14. Exact Occupation agriculture or farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Schneider
17. Color or Race White
18. Age at time of THIS birth 35 yrs
19. Birthplace Silver City (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 18 1941 (Date received) (b) Mabel H. Geiler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature James L. Stewart M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gillian Geilor, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Hazel Virginia Geilor (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. James Stuart (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Gillian Geilor Signature

358 Columbia apt. 4 P. O. Address

Subscribed and sworn to before me on this 4th day of December, 1941

(SEAL) Elna Harper Notary Public, residing at 1136 W 6th St Los Angeles

Commission Expires Feb. 6th, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327869
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 1 months 19 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint Ida

4. FULL NAME OF CHILD Raymond Henry Ricard

5. Date of Birth of Child (Month, day, year) Aug 13-1909

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Joseph Ricard
11. Color or Race white 12. Age at time of THIS birth 44 yrs.
13. Birthplace Quebec (City or town) Canada (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Merie Hudon
17. Color or Race White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Bell Prairie (City or town) Minn. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1%

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 32 years, and that Dr M. McKinnon (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Merie McCollum Signature
6-813-Augusta, Spokane Wn. P. O. Address

Subscribed and sworn to before me this 24 day of Dec, 1941.

(SEAL) D A Logan Notary Public, residing at Spokane Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Mabel H Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

275 718 030-251

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO DEC 26 1941

State File No. 327886

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 14 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City SALMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address SALMON, IDAHO

3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD RICHARD JOHN SPELLMAN

5. Date of Birth (Month, day year) OCT. 18, 1909

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** RICHARD D. SPELLMAN
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace SCOTT COUNTY, INDIANA (City or town) (State or foreign country)
14. Exact Occupation OWNER BEER PARLOR
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** PEARL MARGARET SHANAFELT
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace NESBIT (City or town) NEBRASKA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Maud H. Geiler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, PEARL SHANAFELT SPELLMAN, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) RICHARD JOHN SPELLMAN (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. MURPHY (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Pearl Shanafelt Spellman Signature

SALMON, IDAHO P. O. Address

Subscribed and sworn to before me on this 22nd day of DECEMBER, 19 41

(SEAL) Maurine C. McBride Notary Public, residing at SALMON, IDAHO

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

892 219 025 091

327888

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327888
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Emma Helen Wisdom

5. Date of Birth of Child (Month, day, year) July 19, 1909

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Taylor Newton Wisdom
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Hutsville (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Celesta Fray
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Brownsville (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that Dr Frank Stockton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Celesta Wisdom Signature
Veradale Wash. P. O. Address

Subscribed and sworn to before me this 27 day of December, 19 41

(SEAL) Ella Klundsmith Notary Public, residing at Connell Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 7 - 1942 by Mabel H Geller, Registrar.

Send to Mrs. O. S. Bailie, Connell, Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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453-22-0066-573 327891

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327891
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Pingree
(c) Street Address or R.F.D. No. Pingree, Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: No
In Hosp. or Mat. Home ..... days.
In **THIS** county 1 years 4 months 2 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State (b) County
(c) City Kingdom Italy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? over yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Anna Margaret Deseetis

5. Date of Birth (Month, day, year) Sept. 20, 1909

6. Sex. Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Salvatore Deseetis
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace (City or town) (State or foreign country) Italy
14. Exact Occupation Farmer
15. Industry or Business deceased now.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Valente
17. Color or Race White
18. Age at time of THIS birth 36 years
19. Birthplace (City or town) (State or foreign country) Italy
20. Exact Occupation Housewife
21. Industry or Business aged & retired.

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used probably
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1 45 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Deseetis (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Jan 7 - 1942 (Date received) (b) Mary Deseetis (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Essenta Cimaroli M.D. or nurse (D.O., Midwife, etc.) 1/2/'42
and address 1856 Carquinez Way Sacramento, Calif.

State of California
County of Sacramento } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Deseetis, being first duly sworn, say that I am related to (Related to (or) acquainted with) Anna Margaret Deseetis (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true, to the best of my knowledge. I further state that Essenta Cimaroli (Name of attendant at birth), who attended said birth has signed here (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Witness to mark - Emerson W. Red Mary X Deseetis Name
Antonella Deseetis
his mark P.O. Address

Subscribed and sworn to before me on this 2nd day of January, 1942

(SEAL) Emerson W. Red Notary Public, residing at Sacramento, California.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2 - Mother lived in Idaho from May 1908 to Dec. 1921 - then moved to Sacramento, Calif. - where she now resides at Route 4, Box 620.

Mary Hurlin

Emma Linford

Emma Linford

Antoinette Lacette

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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(41 12) 044 381

327896

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327896
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASHINGTON (b) City CAMBRIDGE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City CAMBRIDGE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? FULL LIFE yrs.

3. RESIDENCE OF FATHER (city, state) CAMBRIDGE, IDAHO

4. FULL NAME OF CHILD Roy William Adams

5. Date of Birth of Child (Month, day, year) Aug 21, 1909

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** THOMAS FRANCIS ADAMS
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace (City or town) IOWA (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BERTHAL JANETTA CHANDLER
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace POCATELLO (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 32 years, and that (First name) (Last name), who attended this birth I DO NOT KNOW (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ida Bonnell Signature

P. O. Address

Subscribed and sworn to before me this 30 day of Dec., 1941

(SEAL) L. F. Whitney Notary Public, residing at McCammon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 7 1942 by Mabel Fenton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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289-204-022-695

327916

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327916
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Sunnydell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Sunnydell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Sunnydell, Ida

4. FULL NAME OF CHILD Delila May Byrne

5. Date of Birth of Child (Month, day, year) 3-4-1909

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Moses Louis Byrne
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena May Winters
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Phoenix, Arizona (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr Lorin F. Rich (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena May Byrne Signature
Thornton, RFD #1 Idaho P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941

(SEAL) F. W. Smith Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 8 - 1942 by Mabel H Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255 12 2 02 433

327919

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327919
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BUTTE (b) City MOORE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BUTTE
(c) City MOORE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD DICK A. BEVERLAND

5. Date of Birth of Child (Month, day, year) 5-22-09

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ALEXANDER BEVERLAND
11. Color or Race WHITE
12. Age at time of THIS birth 41 yrs.
13. Birthplace LOGAN, (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AMY MC CRUMB
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace WILMINGTON, (City or town) PA. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN (Born alive, stillborn) at MOORE M. on the date and at the place stated above, and that personal particulars were furnished by MYSELF (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Amy Beverland M.D. MOTHER Midwife Address MOORE, IDAHO Date 12-31-41

State of IDAHO
County of BUTTE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the NEIGHBOR (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that JOAN BEVERLAND (First name) (Last name), who attended the birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Lenora Camp Signature

MOORE, IDAHO P. O. Address

Subscribed and sworn to before me this 31st day of DECEMBER, 19 41

(SEAL) A. M. Boyer Notary Public, residing at ARCO, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by Mabel H. Geeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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256-216-029 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 3 1942

327954

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH:
(a) County Latah (b) City Julietta
(c) Street Address or R F D No. unknown
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county 1 years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State California (b) County L. A. County
(c) City Bell
(d) Street Address or R.F.D. No. 3634 Walnut
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address 3634 Walnut, Bell
3. RESIDENCE OF FATHER (city, state) Cali

4. FULL NAME OF CHILD Wilhelmina Anna Sewell
5. Date of Birth (Month, day, year) Feb. 16, 1909
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Laurence N. Sewell
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Altamount, (City or town) Illinois (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Neva Jane Davis
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Anna (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used ~~to prevent Ophthalmia Neonatorum~~ Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) 4:00 a.M. on the date and at the place stated above, and that personal particulars were furnished by Laurence N. Sewell (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) JAN 3 1942 (Date received) (b) Marvel Y. Eldter (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, L. A. SEWELL, being first duly sworn, say that I am (Related to (or) acquainted with) WILHELMINA ANNA SEWELL (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that PROFESSOR FOSTER (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

L. A. Sewell Name
3634 Walnut St. Bell Calif. P. O. Address

Subscribed and sworn to before me on this 1 day of July, 1941

(SEAL) E. R. Neil Notary Public, residing at South Gate

My Commission Expires June 10th 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2 copy

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter [illegible], Section 4)

[illegible] born [illegible] in the [illegible] date of Chapter [illegible] has not been recorded, or in case of failure to report any birth [illegible] subsequent to such date, such report [illegible] the local registrar for record in the Bureau [illegible] recorded in Chapter [illegible] supplied in writing [illegible] by a relative of the child, or if neither father or mother is living, or accessible, of the parent or kin or guardian, or some person having direct knowledge in the premises.

855 113 022 281

327991

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 6 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 131
Reg. Dist. No. 620

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Haden
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Haden
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Haden, Ida.

4. FULL NAME OF CHILD Cleo Edward Henrie

5. Date of Birth of Child (Month, day, year) March 13, 1909

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Edward Henrie
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Manti (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Shaw
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Salem (City or town), Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Own

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Bornalive (Born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Teton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that ~~Cleo Edward Henrie~~ (Mother's maiden name) John Letham (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Shaw Henrie Signature
Driggs Idaho P. O. Address

Subscribed and sworn to before me this 24 day of December, 1941.
(SEAL) Thos. A. Strong Notary Public, residing at Driggs Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on January 2, 1942 by Florence Davidson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666 109 019 659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 5 1942

State File No. 327999
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No. -----
(d) Name of Hospital or Maternity Home:
------ none --- Home Delivery
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 17 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state): Mackay, Idaho

4. FULL NAME OF CHILD Henry Wesley Fowler

5. Date of Birth (Month, day, year) Aug. 9, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Wesley Fowler
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Lutesville Missouri (City or town) (State or foreign country)
14. Exact Occupation Cashier Bank
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucille Weiler
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Chicago, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 5 1942 (Date received) (b) Marvel M. Geisler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Kansas
County of Butler } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucille Fowler, being first duly sworn, say that I am related to (Related to (or) acquainted with) Henry Wesley Fowler (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Francis Poole (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lucille Fowler — Signature

817 Dearborn St., Augusta, Kansas — P. O. Address

Subscribed and sworn to before me on this 2nd day of January, 1942

(SEAL) Elmer E. Cash — Notary Public, residing at Augusta, Kansas

My commission expires Feb. 15, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 6 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328002
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Cassia (b) City: Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD Robert LeRoy Weeks

5. Date of Birth of Child (Month, day, year) Aug. 2, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Reuben George Weeks
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Pl. Grove, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Walker
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace State of New Mexico (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate Sol.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 P.M. M. on the date and at the place stated above, and that personal particulars were furnished by Ida May Walker (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Thomas Robison ~~M.D.~~ Midwife Address Burley Date Idaho

State of Utah
County of Utah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Mrs Thomas Robison (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Reuben George Weeks Signature
Pleasant Grove, Utah P. O. Address

Subscribed and sworn to before me this 3rd day of January, 1942.

(SEAL) James A. Weeb Notary Public, residing at Pleasant Grove, Utah
Comm. Aug. 30, 1943
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Mabel T. Geddes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

5-14-10
040-14 JAN 6 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328003
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shone Shone (b) City Wardner
(c) Street Address or R.F.D. No. Main Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shone Shone
(c) City Wardner
(d) Street Address or R.F.D. No. Main Street
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Wardner, Idaho

4. FULL NAME OF CHILD Leo Ralph Vaughan

5. Date of Birth of Child (Month, day, year) April 1, 1909

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Vaughan
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Carroll County (City or town) Arkansas (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Adams
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Jay City (City or town), Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oklahoma
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 (life) years, and that Dr. (First name) Maychett (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Maggie Vaughan Signature

1020 Hickory, Bartlesville, Oklahoma P. O. Address

Subscribed and sworn to before me this 29th day of November, 1941

(SEAL) C. H. Mussehman Notary Public, residing at Bartlesville Okla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Exps, 6-16-'42

Received for filing on JAN 6 1942 by Mabel H. Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

173 JAN 5 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

328012

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County LATAH (b) City Moscow
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: Carthers' Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 12 days.
In **THIS** county 1 years 0 months 8 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 710 Elm St
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Moscow, Idaho

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Mildred Marion Axtell

5. Date of Birth (Month, day, year) Sept. 6, 1909

6. Sex Female

7. Twin or Triplet —— If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harold Lucius Axtell
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace West Medway (City or town) Massachusetts (State or foreign country)
14. Exact Occupation Professor, Univ. of Idaho
15. Industry or Business ——

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Sarah Bouton
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Pentwater (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ——

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 5 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harold Lucius Axtell, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Mildred Marion Axtell (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. H. Carthers (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**

Harold Lucius Axtell ..... Name
1106 East Sixth St. Moscow Idaho ..... P. O. Address

Subscribed and sworn to before me on this 7 day of Jan. 1942

(SEAL) [signature] Notary Public, residing at Moscow Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1907 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be [illegible] and filed by the [illegible] clerk for record in the [illegible] office of vital statistics [illegible] Chapter 7, Title 38, the Code Annotated. [illegible] report [illegible] signed by a certificate of the attending physician or [illegible] affidavits of the father or mother of the child, or if neither [illegible] mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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328031

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City HARRISON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City HARRISON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) HARRISON, IDA.

4. FULL NAME OF CHILD Bert Abraham Russell

5. Date of Birth of Child (Month, day, year) Feb. 15, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Butler Russell
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace EAST CONCORD, VERMONT (City or town) (State or foreign country)
14. Exact Occupation Logging Superintendent
15. Industry or Business Logging & Sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Mae Kelly
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace CAMAS PRAIRIE, IDAHO (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No information

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for Life years, and that Dr. John Busby (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. B. Russell Signature
Harrison, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of January, 1942

(SEAL) M. A. Kilgen Notary Public, residing at Harrison,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 9-1942 by Mabel Fleener, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

387 222 023 217

United States
Department of Commerce
Bureau of the Census Fremont

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328039
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years -- months --days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Madison~~
(c) City Rexburg Fremont
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Ida.

4. FULL NAME OF CHILD Naoko Chiba

5. Date of Birth of Child (Month, day, year) Nov. 22, 1909

6. Sex Female

7. Twin or Triplet --- If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Naokichi Chiba
11. Color or Race Japanese
12. Age at time of THIS birth 40 yrs.
13. Birthplace Japan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hisa Kasai
17. Color or Race Japanese
18. Age at time of THIS birth 37 yrs.
19. Birthplace Japan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Naokichi (First name) Chiba (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Naokichi Chiba M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 32 years, and that Naokichi Chiba (First name) (Last name), who attended this birth is father of child (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hisa Chiba Signature
3021 Gleason Ave., Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me this 24th day of December, 19 41
(SEAL) John M. Yakiro Notary Public, residing at Los Angeles, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Mary Bleeker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 8 1942

United States 339-122-007-219 (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328040
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida

4. FULL NAME OF CHILD William Henry Cline

5. Date of Birth of Child (Month, day, year) 4/22/09

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 10

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Clay Cline
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Fayetteville (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theresa Elizabeth Bailey
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Bradford (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Wm Plummer (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Charles Cline ..... Signature
Hamer R.R. 2, Ida ..... P. O. Address

Subscribed and sworn to before me this 6 day of January, 1942

(SEAL) Thomas Peavey ..... Notary Public, residing at Twin Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by Mary F. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793120029402

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328110
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: Viola, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Viola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Dallas Richard Pitt

5. Date of Birth of Child (Month, day, year) Dec. 20, 1909

6. Sex male

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd sixth

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis Richard Pitt
11. Color or Race English-Amer.
12. Age at time of THIS birth deceased yrs.
13. Birthplace in Iowa (City or town) (State or foreign country)
14. Exact Occupation teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Dosh
17. Color or Race Amer.
18. Age at time of THIS birth 27 yrs.
19. Birthplace Leavenworth, Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Pearl Pitt (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Burbank, Wash. Date 12-22-41

State of Washington
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for life years, and that Dr. Harveson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Pitt Signature
Burbank, Wash. P. O. Address

Subscribed and sworn to before me this 22nd day of December, 1941

(SEAL) Cora Jean Howard Notary Public, residing at Pasco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Maud Geeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 8 1942 714 217 035 814

328113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Reserve (b) City No.
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Lewis
(c) City Ida.
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Ida.

4. FULL NAME OF CHILD Beulah Berniece Simmons

5. Date of Birth of Child (Month, day, year) Sept 17, 1909

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William T. Simmons
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace State of Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lora Hama
17. Color or Race White 18. Age at time of THIS birth 42 yrs.
19. Birthplace State of Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 32 years, and that Dr. Burk (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susanna Simmons Signature
Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 30 day of Dec, 1941

(SEAL) John L. Phillips Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States JAN 7 194 (Be sure the information is as of date of birth of THIS child) State File No. 328118
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 555 N. 6th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 5 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 555 N. 6th Ave.
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD Paul Fredrick Myers

5. Date of Birth of Child (Month, day, year) May 11, 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Robert Myers
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Railroad Engineer
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ellen Peake Myers
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Birkinhead (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. H. A. Castle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Ellen Peake Myers Signature
345 North 8th, Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 31st day of December, 19 41.

(SEAL) Clerk of District Court ~~Notary Public~~, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1949 by ....., Registrar.

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Cha[redacted] of faili[redacted]ch date[redacted]for reco[redacted]ses pres[redacted]ch repo[redacted] or midwife, or by affidavits of the father or [redacted] if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 7 1942

328145

United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census Fremont

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Madison~~ (b) City Hibbard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 8 years 3 months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Madison~~
(c) City Hibbard Fremont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Hibbard, Idaho

4. FULL NAME OF CHILD Merland Delbert Clements

5. Date of Birth of Child (Month, day, year) Dec. 30, 1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Eugene Prentice Clements
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Rexburg (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Clay
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Alma (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 1 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that May (First name) Nelson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eugene P. Clements Signature
307 West 16 Idaho Falls Ida. O. Address

Subscribed and sworn to before me this 5th day of January, 1942
(SEAL) L. M. Blanchard Notary Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Mabel Pfeifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

765-123001 893

328156

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Broadway
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or ~~RFD No.~~ Broadway
(e) How long has **MOTHER** lived in Idaho? life yrs.
(f) Mother's mailing address Boise, Idaho.

3. **RESIDENCE of FATHER** (city, state) Boise, Ida.

4. **FULL NAME OF CHILD** Kenneth Iven Poteet

5. Date of Birth (Month, day, year) 3-23-1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Iven Alvaro Poteet
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Placer ville, California. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louella Hitt
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Weiser, Idaho. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living ____ (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Jan 9-1942 (Date received) (b) Mabel H Feeley (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louella Poteet, being first duly sworn, say that I am related to (Related to (or) acquainted with) Kenneth Iven Poteet (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W.D. Springer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Louella Poteet Signature
R.D. 2 Boise P. O. Address

Subscribed and sworn to before me on this 9th day of January, 1942.

(SEAL) ____ Notary Public, residing at Boise, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 709 020 213

328173

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328173
Local Reg. No.
Reg. Dist. No.

JAN 10 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Smiths Prairie
(c) Street Address or R.F.D. No. - -
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles William Davis

5. Date of Birth of Child (Month, day, year) Mar. 9, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles William Davis
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business - -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alveretta Bennett Ball
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 32 years, and that Unknown (First name) (Last name), who attended this birth - - - (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oscar Gail Davis Signature
Box 1423 Boise Idaho P. O. Address

Subscribed and sworn to before me this 10 day of January, 19 42.
(SEAL) Walter W. Fisher Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Mabel B. Geeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

✓ 736721 14861

JAN 7 1942

328192

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328192
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 704 Freeport
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 704 Freeport
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell Ida.

4. FULL NAME OF CHILD Erwin Stanton Plowhead

5. Date of Birth of Child (Month, day, year) 10-21-09

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** John Jacob Plowhead
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Middleton (City or town) Idaho (State or foreign country)
14. Exact Occupation attorney at Law
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Horn
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Cassopolis (City or town) Mich (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nit. of silver 1%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at 8 a. M. on the date and at the place stated above and that personal particulars were furnished by Ella K Plowhead (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature S. J. Miller M.D. ~~Midwife~~ Address Long Beach Calif Date 1-5-42

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Mabel Heeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

328207

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328207
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County GOODING (b) City HAGERMAN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County GOODING
(c) City HAGERMAN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LEWIS ALLEN

5. Date of Birth of Child (Month, day, year) July 14, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JOHN H. ALLEN
11. Color or Race WHITE
12. Age at time of THIS birth yrs.
13. Birthplace [redacted] SNAKE VALLEY (City or town) NEVADA (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JULIA NICKERSON
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace MARYSVILLE (City or town) MO. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of ELMORE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 31 years, and that BERNETTA (First name) ALLEN (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Allen Signature
P. O. Address

Subscribed and sworn to before me this 15th day of January, 1942
(SEAL) Notary Public residing at Mt. Home, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 12-1942 by Mabel H Geldon, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328216
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Boise (b) City: Lardo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Boise
(c) City: Lardo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vernon Elwood Kenneth Land

5. Date of Birth of Child (Month, day, year) Mar. 11, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME William Mathew Land
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Republic (City or town), Missouri (State or foreign country)
14. Exact Occupation Watch Repairman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Rukamah Crum
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Green Co. (City or town), Tennessee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:45 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lillie (First name) Land (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Myrtle Shaw (First name) and Sarah Koenig (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie Rukamah Land — Signature
McCall, Idaho — P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942
(SEAL) Mabel B. Warwick — Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My comm. exp. 1-22-45

Received for filing on JAN 12 1942 by Maud Fleeter, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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328240

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 13 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328240
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Davis Ranch
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise Davis Ranch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Boise

4. **FULL NAME OF CHILD** Halcyone Lucille Angeroth

5. **DATE OF BIRTH** (Month, day, year) Nov 12, 1909

6. Sex F Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full term

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Angeroth

11. Color or Race W

12. Age at time of THIS birth 35 yrs.

13. Birthplace Hiawatha Kansas
(City or Town) (State or foreign country)

14. Exact Occupation farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Smith

17. Color or Race W

18. Age at time of THIS birth 28 yrs.

19. Birthplace Stockton Kansas
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% silver nitrate sol

23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living I
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 8.30 P M. on the date and at the place stated above, and that personal particulars were furnished by Mabel Angeroth (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JAN 13 1942 (Date received) (b) Marvel H. Geslin (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** John Buck M.D. (D.O., Midwife, etc.)
and address Boise, Idaho Date 1-13-42

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

345-215004-313

328248

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 29 1941

State File No. 328248
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. Montpelier
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 48 years 3 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. Montpelier
(e) How long has **MOTHER** lived in Idaho? ... yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier Idaho

4. FULL NAME OF CHILD Bessie Lucile Fuller

5. Date of Birth of Child (Month, day, year) 15 September 1908

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** David Fuller
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace 13 January 1875 Summerhill Switz (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Salvisberg Fuller
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace 14 March 1878 Bern Switzerland (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (Born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all her life years, and that Mary Salzberg Beckert (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Fuller ... Signature
Montpelier Idaho ... P. O. Address

Subscribed and sworn to before me this 27th day of December, 1941.
(SEAL) Chas E Barnes Notary Public, residing at Montpelier Idaho
(Note: Perjury is punishable as a felony in Idaho; See Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1941 by Marvel H Gelfen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

745 122 003 745

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328279
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Central
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
Farm Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Central
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Winston Joseph Gunnell

5. Date of Birth of Child (Month, day, year) Dec. 22, 1909

6. Sex Male

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9

9. Legitimate? O.K.

FATHER OF CHILD

10. **FULL NAME** Joseph Baxter Gunnell
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Wellsville, (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Redford Gunnell
17. Color or Race White
18. Age at time of THIS birth Unknown
19. Birthplace Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child Unknown (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at Central Idaho on the date and at the place stated above, and that personal particulars were furnished by Joseph Baxter Gunnell (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Ellis Kackley M.D. Midwife Address Soda Springs, Idaho Date 12-9-41

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that Alice Redford Gunnell (Mother) (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Joseph B. Gunnell Signature

P. O. Address

Subscribed and sworn to before me this 13 day of December, 1941

(SEAL) Ora Ball Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1941 by Marion H. Ellis, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942 49-109-022-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328365
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: near Garfield
(c) Street Address or R.F.D. No.: 1
(d) Name of Hospital or Maternity Home: at the home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 2 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Country home
(d) Street Address or R.F.D. No.: 1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Garfield, Idaho

4. FULL NAME OF CHILD Joe Karr Bailey

5. Date of Birth of Child (Month, day, year) July 9, 1909

6. Sex: Male

7. Twin or Triplet: no — If so—born 1st, 2nd, 3rd: —

8. No. months of Pregnacy: 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Richard Bailey
11. Color or Race: White
12. Age at time of THIS birth: 36 yrs.
13. Birthplace: Des Moines (City or town), Iowa (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Lydia Locke
17. Color or Race: white
18. Age at time of THIS birth: 26 yrs.
19. Birthplace: Redfield (City or town), South Dakota (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: same

22. Name prophylactic used to prevent Ophthalmia Neonatorum: not known

23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that Dr. Hisel (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Richard Bailey ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 7 day of January, 1942

(SEAL) E. Johnson ..... Notary Public, residing at Garfield

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel H. Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

384 1/2 036 - 386

JAN 12 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328367
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Our Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years 26 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Samaria

4. FULL NAME OF CHILD Cecil Roland Hurstenau

5. Date of Birth of Child (Month, day, year) Sept 12-1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Freeman Hurstenau
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Fillmore Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Eliza Thomas
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Samaria Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1 a.m. on the date and at the place stated above, and that personal particulars were furnished by Catherine Hamblin (First name) (Last name), who is related to this child as Harriet Eliza Thomas (Mother, etc.).

25. Attendant's **OWN** signature Catherine Hamblin M.D. Midwife Address Malad Idaho Date

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Eliza Thomas Hurstenau Signature
HS-26 25-Ogden, Utah P. O. Address

Subscribed and sworn to before me this 10th day of January, 1942

(SEAL) My Commission Expires 6/29/42 Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel D. Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942 397-32-0742-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328370
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No.
(d) Name of ~~Hospital or Maternity Home~~ Born at Home at Kimberly
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Kimberly Ida

4. FULL NAME OF CHILD Toby Thomas Eagle

5. Date of Birth of Child (Month, day, year) Aug 12 1909

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnacy — 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Northcut Eagle
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Hershey Springs Penn (City or town) (State or foreign country)
14. Exact Occupation Truck Farmer
15. Industry or Business Individual Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Isabelle Moffit
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Spencer Tennessee (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Dr Thomas O Boyd (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Isabelle Eagle Signature
Box 292 Kimberly Ida P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942
(SEAL) Geo. A. Dawson Notary Public, residing at Twin Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Maurel H. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-120 001-612

328443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1405 Division St
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Division St
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Boise

4. FULL NAME OF CHILD Virgil Cronk

5. DATE OF BIRTH (Month, day, year) Dec. 20-1909

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full term

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Reuben Cronk

11. Color or Race W

12. Age at time of THIS birth 47 yrs.

13. Birthplace Ellisburg (City or Town) N.Y. (State or foreign country)

14. Exact Occupation mining

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna W Wakeford

17. Color or Race W

18. Age at time of THIS birth 40 yrs.

19. Birthplace Gouverneur (City or Town) N.Y. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 1:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Anna W. Cronk (First name) (Last name) is related to this child as Mother (Mother, etc.)

26. (a) Jan 13-1942 (Date received) (b) Mabel H Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature John Beck M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 1-11-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

763 109 014 549

328450

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328450
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Canyon (b) City: Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD Sherman Andrew Polley

5. Date of Birth of Child (Month, day, year) Apr. 9, 1909

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alvin Perry Polley
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minerva May Edison
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Springfield Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that ------- Hamilton, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Minerva May Polley Signature
1723 Filmore St. Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942.
(SEAL) [signature] Notary Public, residing at Nampa, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 14 1942 by Mabel H. Becker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168 227 00 133

328454

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328454
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Eagle
(c) Street Address or R.F.D. No.: 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Eagle
(d) Street Address or R.F.D. No.: 1
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Clet[redacted] Louise Johnson
5. Date of Birth of Child (Month, day, year): Feb 27, 1909
6. Sex: [redacted]
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Robert Earnest Johnson
11. Color or Race: white
12. Age at time of THIS birth: 25 yrs.
13. Birthplace: Jamesville (City or town) Penna. (State or ~~foreign country~~)
14. Exact Occupation: Farmer
15. Industry or Business: Thresherman

MOTHER OF CHILD

16. FULL MAIDEN NAME: Gladys Pearl Allen
17. Color or Race: white
18. Age at time of THIS birth: 23 yrs.
19. Birthplace: Guthrie City (City or town) Iowa (State or ~~foreign country~~)
20. Exact Occupation: Farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature [redacted] M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for ..... years, and that Robert (First name) Johnson (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Pearl Bartlett ..... Signature
Formally Mrs Pearl Johnson Eagle ..... P. O. Address

Subscribed and sworn to before me this 14 day of January, 194[illegible]
(SEAL) Lucyle B. Bartlett ..... Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 14 - 1942 by Mabel E. Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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381.7 25 028 217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328512

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth** Orace Chambard			**2. Date Of Birth** (month) (day) (year) September 25, 1909
	3. Color or Race White	**4. Sex** Male	**5. Place of Birth** a. County Rathdrum, Idaho Kootenai	b. City or Town of Birth Rathdrum, Idaho
FATHER	**6. Full Name of Father** Fred Chambard			**7. State or Country of Father's Birth** Dakota
MOTHER	**8. Full Maiden Name of Mother** Cynthia Sage			**9. State or Country of Mother's Birth** Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		**10. Signature of Registrant** Orace E. Chambard	**11. Present Address of Registrant** Avery, Idaho 83802
NOTARY (Seal)	Subscribed and sworn to before me on August 10th 19 71		**12. Signature of Notary** Joyce E Long	**13. Notary Commission expires** NOTARY PUBLIC for the State of Idaho Residing at Avery, Idaho My Commission expires March 8, 19 72

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of county record of birth		By whom issued and signed: Kootenai County, Idaho Book 1, Page 26	Date Issued: July 28, 1971	Date Orig. Entry: ---
	Date of Birth: Sep.25,1909	Birth Place: Rathdrum, Idaho	Full Name of Mother: Cynthia Chambard (nee Sage)	Name of Father: Fred Chambard	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Kootenai County, Idaho School Dist. #2, Rathdrum	Date Issued: July 28, 1971	Date Orig. Entry: Sept.7,1916
	Date of Birth: Age: 6	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy 10 984 286		By whom issued and signed: New York Life Ins. Co.	Date Issued: Feb.4,1930	Date Orig. Entry: Jan.27,1930
	Date of Birth: Sep.25,1909	Birth Place: Rathdrum, Idaho	Full Name of Mother: Synthia M. Chambard	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: August 12, 1971

FORM BH 56067

d.m.

4-14-71 gmd

JAN

328512

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Orace Edgar Chambard

5. Date of Birth of Child (Month, day, year) Sept 25 1911

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred B. Chambard
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Fayette. (City or town) Ohio (State or foreign country)
14. Exact Occupation Rural Mail Carrier
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cynthia Maude Sage
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Aurora (City or town) South Dakato (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Dr. D.D. Drennen (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cynthia M. Chambard Signature
Rathdrum. Idaho. P. O. Address

Subscribed and sworn to before me this 10th day of January, 19 42

(SEAL) Notary Public, residing at Rathdrum. Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Maud K. Eufer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13 1942 132-218(22-469)

328517

United States
Department of Commerce
Bureau of the Census Fremont

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Madison~~ (b) City Lyman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Madison~~
(c) City Lyman Fremont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Audra Estella Atkinson

5. Date of Birth of Child (Month, day, year) Aug. 18, 1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wm. Elmer Atkinson
11. Color or Race white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Bountiful, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mariltha Althere Morris
17. Color or Race white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Logan, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 31 years, and that Dr Geo. E. Hyde (First name) (Last name), who attended this birth is decesed (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Elmer Atkinson Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of January, 19 42

(SEAL) [signature] Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Mabel H. Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381 119 028 - 38

JAN 13 1942

328527

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328527
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootnai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years Several months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Idaho all time

4. FULL NAME OF CHILD Calvin Bixby Chandler

5. Date of Birth of Child (Month, day, year) July 19, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gerald Ashton Chandler
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Riceville Iowa (City or town) (State or foreign country)
14. Exact Occupation Millworker at time of
15. Industry or Business This Birth

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Eduna Chandler
17. Color or Race White
18. Age at time of THIS birth About 28 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for all his life years, and that Dr. Robinson (First name) (Last name), who attended this birth ~~(Is now deceased)~~ or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gerald Ashton Chandler Signature
Newport Oregon P. O. Address

Subscribed and sworn to before me this 6th day of January, 1942.

(SEAL) Ethel M. Walker Notary Public, residing at Newport, Or.
My commission expires 12/11/1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Mabel H. Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FS 120001-766 328586

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328586
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1319 River St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 1 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1319 River St.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Gilbert Morgan Pickett

5. Date of Birth of Child (Month, day, year) July 20, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Gordon Pickett
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Glenwood, Iowa (City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Boise Ice & Cold Storage

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Jane Powers
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Clackamas County, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Argyrol, drl
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Lillie Jane Pickett (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature John Bowler M.D. Midwife Address Boise Ida Date 1-16-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 16-1942 by Mabel Geeser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

168 701 001 994

328617

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

328617

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Walter Garfield Johnston

3. Sex M. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth 11 - 1 - 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Morris Johnston	18. Full maiden name: Ella Zimmer
10. Residence (usual place of abode) (If non-resident, give place and State): Boise Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Boise Idaho
11. Color or race: W. | 12. Age at last birthday: 44 (years)	20. Color or race: W. | 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or Country): Iowa	22. Birthplace (city or place) (State or Country): Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: None
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.. | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn ....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 8:30 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... **Registrar.**

(Signed) Mary A. Conway, M. D.
or ....., Midwife
Address Boise Idaho

Filed JAN 17 1942, 193.. Mabel E. Gale Registrar

JAN 17 1974

BOTH DELAYED

DUP OF 09-146884

595 110 036 165

328619

328619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 19 1942

State File No. 328619
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Frank Farris Ezell

5. Date of Birth of Child (Month, day, year) Nov. 10, 1909

6. Sex male

7. Twin or Triplet If so—born ~~1st, 2nd~~, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hart Hillman Ezell
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Rock Castle, Ky (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jones ~~Ezell~~
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 34 years, and that Dr. James Marion Kearns (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Jones Ezell Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942
(SEAL) [illegible] Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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418 118 016-215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328644
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Cassia (b) City: Basin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Basin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Basin Idaho

4. FULL NAME OF CHILD Eros Arthur Dayley

5. Date of Birth of Child (Month, day, year) Jan. 18. 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Benjamin Franklin Dayley
11. Color or Race: white
12. Age at time of THIS birth: 28 yrs.
13. Birthplace: Basin (City or town) Idaho (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jane Sanford
17. Color or Race: white
18. Age at time of THIS birth: 23 yrs.
19. Birthplace: Basin (City or town) Idaho (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature: Jeanette Dayley - midwife - deceased
M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Jeanette Dayley (First name) - midwife (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Jane Sanford Dayley Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of January, 1942
(SEAL) Herman W. Teicher Notary Public, residing at Burley, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Mabel B. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-705-036-897

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328645
Local Reg. No.
Reg. Dist. No.

Oneida

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland

4. FULL NAME OF CHILD Harold Ray Byington

5. Date of Birth of Child (Month, day, year) Jan. 5, 1939

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Alma Byington
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Cambridge Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Higgins
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Elisnore Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 33 years since life years, and that Kate Lasley (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Alma Byington Signature
Yellowstone Hwy Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942

(SEAL) Clyde Bowers Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Mabel H. Geeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-11-01.0-572

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 14 1942

State File No. 328650
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 2 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD William Frederick Nelson

5. Date of Birth of Child (Month, day, year) Nov. 11, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Goforth Nelson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary S. Egbert
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Fairview (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 2 years, and that Ann Nelson (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Ann Nelson Signature
Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 6 day of June, 1942

(SEAL) Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Mabel T. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 8 1942

United States
Department of Commerce
Bureau of the Census
557116 029 763

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328653
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Latah. (b) City Park.
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: None.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Norman Roald Enger.
5. Date of Birth (Month, day, year) Dec. 16, 1909.
6. Sex Male.
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine.
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Peter Anton Enger.
11. Color or Race White.
12. Age at time of THIS birth 48 yrs.
13. Birthplace Oslo, (City or town) Norway. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Abigail Lois Potter.
17. Color or Race White.
18. Age at time of THIS birth 34 years
19. Birthplace Breckinridge, (City or town) Missouri. (State or foreign country)
20. Exact Occupation
21. Industry or Business Teacher.

22. Name prophylactic used to prevent Ophthalmia Neonatorum 8.
23. Number of children of this mother: (a) At time of birth and including this child 8. (b) Born alive and now living 6. (c) Born alive and now dead 2. (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) JAN 8 1942 (Date received) (b) Marvel H. Eckley (Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Idaho, County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Helene G. Bohn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Norman Roald Enger (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that The Midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Helene G. Bohn Name
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me on this 23 day of November 1940

(SEAL) Burwell P. Gengell Notary Public, residing at Lewiston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 136, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1937 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be recorded and filed by the local registrar [illegible] the Bureau of Vital Statistics for the purposes [illegible] Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942 655 130035 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328658
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County: Nez Perce (b) City: Kamiah
(c) Street Address or R F.D No.: unknown (City)
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home: days.
In THIS county: 0 years: 8 months: ? days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State: Idaho (b) County: Nez Perce
(c) City: Kamiah
(d) Street Address or R.F.D. No.: Unknown (City)
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address: Kamiah, Idaho

3. RESIDENCE OF FATHER (city, state): Kamiah, Idaho

4. FULL NAME OF CHILD: CHARLES DAVIS WEEDE

5. Date of Birth (Month, day, year): November 30, 1909

6. Sex: Male

7. Twin or Triplet: No If so—born 1st, 2nd, 3rd: No

8. No. months of Pregnancy: 9 Mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME: Irwin Cooper Weede
11. Color or Race: White
12. Age at time of THIS birth: 35 yrs.
13. Birthplace: Warren County, Iowa (City or town) (State or foreign country)
14. Exact Occupation: Lumberman
15. Industry or Business: Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME: Sadie Magrhetta Davis
17. Color or Race: White
18. Age at time of THIS birth: 37 years
19. Birthplace: Mercer County, Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2
(c) Born alive and now dead: none (d) Stillborn: none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 12 1942 (Date received) (b) Marvel M. Edlefsen (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Irwin Cooper Weede, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Davis Weede (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. White (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Irwin Cooper Weede — Name
5410 Carlin Street, Los Angeles, Calif. — P. O. Address

Subscribed and sworn to before me on this 8th day of January, 1942

(SEAL) Edward J. Morgan — Notary Public, residing at Los Angeles, Calif.

NOTARY PUBLIC
In and for the County of Los Angeles, State of California

My Commission Expires March 6th, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Rec'd JAN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 139, 1937 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar (or clerk) in the bureau of vital statistics for the purpose and in the manner prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the [illegible]

JAN 10 1942 (625 215 028 243)

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328699
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Bonner (Kootenai) (b) City: Plummer
(c) Street Address or R.F.D. No.:
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: Born in USA.
IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Bonner
(c) City: Plummer Kootenai
(d) Street Address or R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho 40 years

4. FULL NAME OF CHILD Donna Marie Oberg

5. Date of Birth of Child (Month, day, year) Feb 5 1909

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew A Oberg
11. Color or Race: White
12. Age at time of THIS birth: 39 yrs.
13. Birthplace: Sweden (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Jane Kutch
17. Color or Race: White
18. Age at time of THIS birth: 25 yrs.
19. Birthplace: Farmington Wash (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Dont Know

23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana
County of Missoula } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 32 years, and that Alice Kutch (First name) (Last name), who attended this birth, is Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew A Oberg — Signature
413 W. Cure, Missoula — P. O. Address

Subscribed and sworn to before me this 7th day of January, 1942

(SEAL) Gerard P. Donnelly Notary Public, residing at Missoula, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Mabel H Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 10 1942 957 103 006-361

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328703
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. 532 Railroad St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 532 Railroad St.
(e) How long has **MOTHER** lived in Idaho? 6 mos.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida.

4. FULL NAME OF CHILD Charles Coatsworth Ingalls

5. Date of Birth of Child (Month, day, year) March 3, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Shannon Ingalls
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Redwing (City or town) Minnesota (State or foreign country)
14. Exact Occupation Electrical work
15. Industry or Business Electric

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phoebe Adeline Coatsworth
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Helena (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~None~~ Nolan decl'd

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) Dr. & attendant deceased. P.A.I. and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as ..... (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of CALIFORNIA
County of ALAMEDA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Dr. (First name) PENDELTON (Last name), who attended this birth, IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phoebe Adeline Ingalls ..... Signature
240 Brand Ave Oakland Calif ..... P. O. Address

Subscribed and sworn to before me this 7 day of JANUARY, 1942

(SEAL) Harold L. Morton ..... Notary Public, residing at Oakland, Calif.
My Commission Expires October 3, 1945

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Marvel H. Geiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-211 022239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328715
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: Home of Albert J. Thompson
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 10 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony Idaho

4. FULL NAME OF CHILD Vera Isadora Thompson

5. Date of Birth of Child (Month, day, year) March 11 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Jardine Thompson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace West Weber (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Carpet Weaver

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Stempson
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace South Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Seamstress

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Dr. William J. Midleton (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Rebecca S. Thompson — Signature
R.F.D. #1 St. Anthony Idaho — P. O. Address

Subscribed and sworn to before me this 10th day of January, 194[illegible]

(SEAL) ..... ~~Notary Public~~, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

508 105 009-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 16 1942

State File No. 328734
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Eastport
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years one months ——days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Eastport
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 13 Months

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Francis Alfred Voligny

5. Date of Birth of Child (Month, day, year) July 5, 1909

6. Sex Male

7. ~~Twin or Triplet.~~ If so, born 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred Voligny
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace St. Thomas de Joliette (City or town) (State or foreign country)
14. Exact Occupation U.S. Immigrant Inspector
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Kruse
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Jonkoping (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person from Birth years, and that Dr N. A. Klamberg (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alfred Voligny Signature
1518 S. Proctor St. Tacoma Wash.

Subscribed and sworn to before me this 14th day of January, 1942.
(SEAL) B. Malt Notary Public, residing at Tacoma, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1942 by Malvin H. Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942 789 114 035 194

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328736
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No. R. F. D. #2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No. R. F. D. #2
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Southwick, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Cecil LeRoy Phillips

5. Date of Birth (Month, day year) March 14, '09 19-

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 1909 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John H. Phillips
11. Color or Race While **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Johnstown, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Armitage
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Agnes City, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Phillips (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 12 1942 (Date received) (b) Mabel H. Eller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I Sarah Phillips, being first duly sworn, say that I am related to (Related to (or) acquainted with) Cecil LeRoy Phillips (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1935 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state Mrs. John Mitchell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah Phillips Signature
Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of January 1942
(SEAL) H. Milgard Notary Public, residing at Moscow, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942

United States
Department of Commerce
Bureau of the Census 695 204030-331

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328759
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Lemhi (b) City: Salmon
(c) Street Address or R.F.D. No.: none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Lemhi
(c) City: Salmon
(d) Street Address or R.F.D. No.: None
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: EMMA ANA WINTEROWD

5. Date of Birth of Child (Month, day, year): April 4 1909

6. Sex: female
7. Twin or Triplet: twin If so—born 1st, 2nd, 3rd: 2nd
8. No. months of Pregnacy: 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** Finley B. Winterowd
11. Color or Race: white
12. Age at time of THIS birth: 31 yrs.
13. Birthplace: Marshalltown, Iowa (City or town) (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business: same

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Lillie Juanita Clark
17. Color or Race: white
18. Age at time of THIS birth: 20 yrs.
19. Birthplace: Lemhi County, Idaho (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: none

23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for all life years, and that Dr. Whitwell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie J. Winterowd ..... Signature
Salmon, Idaho ..... P. O. Address

Subscribed and sworn to before me this 7th day of January, 1942.

(SEAL) ..... Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Madrel H. Eelper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942 249 121003-48

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328762
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address -

3. RESIDENCE of FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD Fletcher Ready Burrus, Junior

5. Date of Birth (Month, day year) April 21, 1909

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fletcher Ready Burrus
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Helena, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Insurance agent, realtor
15. Industry or Business Ins. and Realty

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Jane Day
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Jerseyville, Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) JAN 12 1942 (Date received) (b) Maud F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Emma Day Burrus, being first duly sworn, say that I am related to (Related to (or) acquainted with) Fletcher Ready Burrus, Jr. (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bean (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Day Burrus Signature
4518 - 4 N. E. Seattle P. O. Address

Subscribed and sworn to before me on this 9 day of January 19 42
(SEAL) Elinor March Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 27 1941

Registration District No. ..... State File No. 328781

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Minidoka
City of Milner
~~No.~~ ..... St.
Grinnell Hotel
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lorenzo Alee Tillman

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth July 14, 1909 (Month, Day, Year)

FATHER

9. Full name Samuel Jackson Tillman
10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello
11. Color or race White | 12. Age at last birthday deceased 79 (years)
13. Birthplace (city or place) (State or Country) Springfield Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Business
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work May, 1924 | 17. Total time (years) spent in this work 20 yrs.

MOTHER

18. Full maiden name Mary M. Tillman.
19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello
20. Color or race White | 21. Age at last birthday deceased 61 (years)
22. Birthplace (city or place) (State or Country) Coffeyville Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Hotel Business
25. Date (month and year) last engaged in this work May, 1924 | 26. Total time (years) spent in this work 20 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 2

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

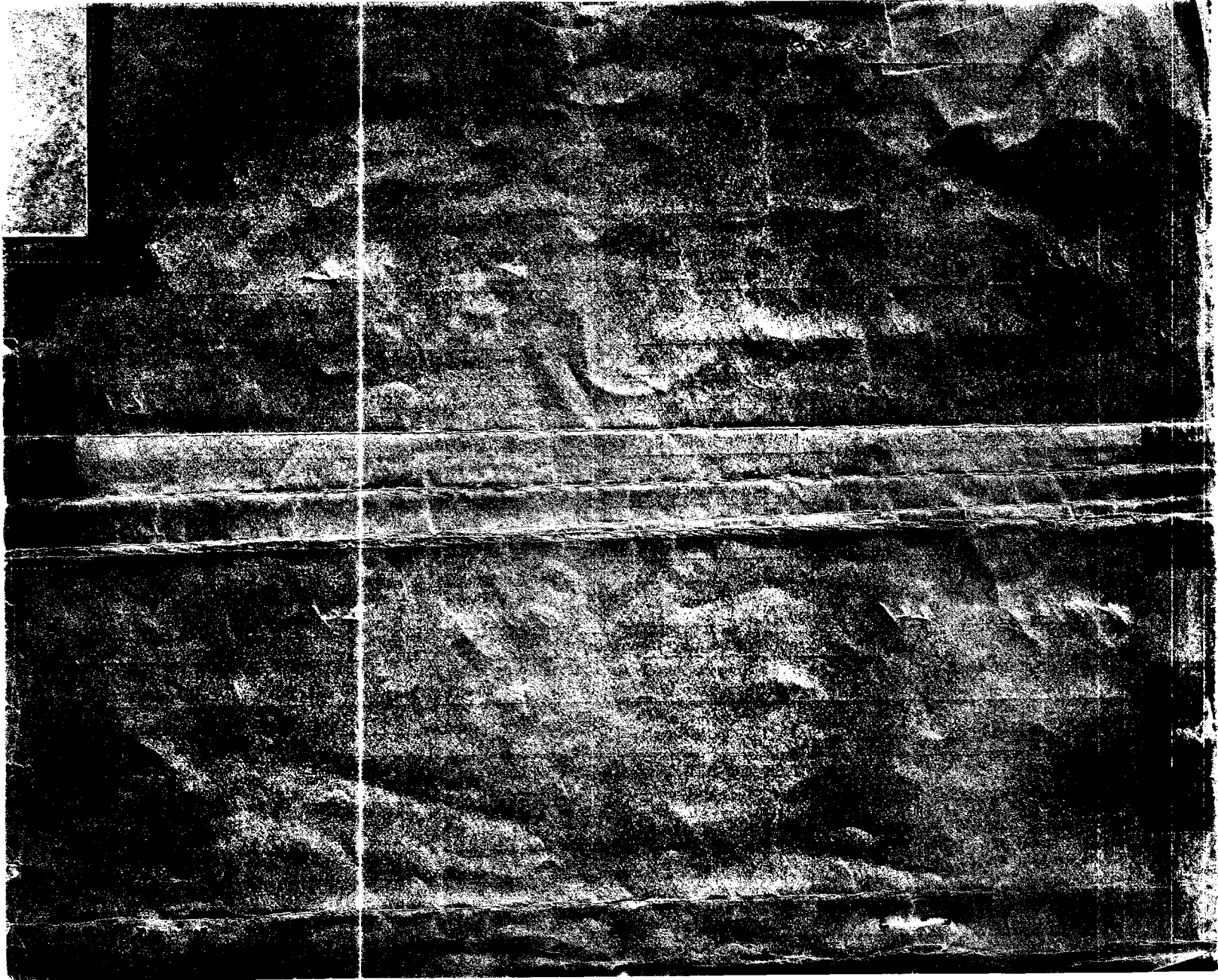
I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 11:30 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ..... Midwife
Address .....

Give name added from a supplemental report Florence Tillman Warfield (Date of)

Filed SEP 27 1941, 193.. Mary F. Elder
Registrar. Registrar.



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STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

SEP 27 1941

State of Idaho
County of ~~Madison~~ BANNOCK } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Florence Tillman Warfield being first duly sworn says that she is the Sister of Lorenzo Dee Tillman
(Relationship of child)*

born July 14 - 1909 at Milner, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Lorenzo Dee Tillman desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lorenzo Dee Tillman hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Name of Midwife unknown ~~MDX~~ was the Midwife medical attendant at the birth of said Lorenzo Dee Tillman and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Florence Tillman Warfield
P. O. Address P. O. Box 1321 - Vallejo - California

Subscribed and sworn to before me this 17th day of September, 1941

E. Hawkins
Notary Public.

My Commission Expires: Aug.19,1943. Residing at Pocatello, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 31 1942

154-129.035-614

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 16 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328808
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Fletcher
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days None
IN THIS county 6 years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City near Fletcher
(d) Street Address or R.F.D. No. RFD.
(e) How long has MOTHER lived in Idaho? 6½ yrs.
(f) Mother's mailing address Fletcher Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Kenneth Elsworth Anderson
5. Date of Birth (Month, day, year) March 29-1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Uriah Anderson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Exira (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Wampnar
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace BRANT LAKE Co. S Dak (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. ~~Name prophylactic used to prevent Ophthalmia~~ Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 4
(c) Born alive and now dead | (d) Stillborn

24. I HEREBY CERTIFY That I ~~attended~~ was present at the birth of this child, who was Born alive (born alive or stillborn) at a M. on the date and at the place stated above, and that personal particulars were furnished by Eva Anderson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 16 1942 (Date received) (b) Mrs Elder (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. ~~Attendant~~'s OWN signature G W G Anderson M.D. (D.O., Midwife, etc.)
and address Uncle Sam Idaho
1-8-1942

State of Wash
County of Douglas } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs Eva La Rue, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Kenneth Elsworth Anderson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Rachel Anderson (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Eva La Rue Signature
Rock Island Wash P. O. Address

Subscribed and sworn to before me on this 8 day of Jan, 1942

(SEAL) Ralph Ramaker Notary Public, residing at East Wenatchee Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316-227-029-569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328825
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. no street number
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. no street address
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Helen Marguerite Laws

5. Date of Birth of Child (Month, day, year) August 27, 1909

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Pennington Laws
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Maple Springs (City or town) North Carolina (State or foreign country)
14. Exact Occupation Postal clerk
15. Industry or Business U. S. Post Office

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elzora ~~Laws~~ Norris
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Maple Springs (City or town) North Carolina (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 32 years, and that James N. Clark (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Pennington Laws ..... Signature
1107 North 4th St. Yakima, Wash. ..... P.O. Address

Subscribed and sworn to before me this 12 day of January, 1942

(SEAL) ..... Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Mary E. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-121-025-764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 15 1942

State File No. 328868
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Idaho (b) City: Ilo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: none
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Nez Perce now Lewis
(c) City: Ilo now Craigmont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Ilo, Idaho

4. FULL NAME OF CHILD Otho Dwight Bovey

5. Date of Birth of Child (Month, day, year) Dec 21, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William August Bovey
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Tama City (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer stock raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ota May Poulson
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Montpelier (City or town) Indiana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used Tbsa
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Dr Thomas C Parrish (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ota May Bovey ..... Signature
Craigmont, Idaho ..... P. O. Address

Subscribed and sworn to before me this 20 day of Dec, 1941

(SEAL) Eugene Kenyon ..... Notary Public, residing at Craigmont

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 23 1941 JAN 15 1942 by Maud E. Taylor, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-204007-418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328882
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Annie Hailey

5. Date of Birth of Child (Month, day, year) June 4th, 1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John T. Hailey
11. Color or Race American 12. Age at time of THIS birth 26 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer Laborer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Wagner
17. Color or Race American 18. Age at time of THIS birth 20 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by John T. Hailey (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Mrs A. A. Flood, M.D. Midwife Address 1901 N 26 St. Boise Idaho Date Jan 15 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

4522 W

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 19 - 1942 by Maud H Geiler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-112-003-212 328913 **328913**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Our Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Oxford, Idaho

4. FULL NAME OF CHILD Howard Larson

5. Date of Birth of Child (Month, day, year) November 12, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ephriam Larson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Providence, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Elizabeth Baker
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Richmond, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Emma Elizabeth Larson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address 756 Orange Ave., Long Beach, Calif. Date Jan.17,42

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Kendall (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Elizabeth Larson Signature
756 Orange Ave., Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 17th day of January, 19 42

(SEAL) Opha E. Hanstal Notary Public, residing at 280 Santa Ana, Ave Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Maud [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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413-102-029-314 328915

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328915
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City KENDRICK
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 9 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City KENDRICK
(d) Street Address or R.F.D. No. Not mail at post office
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD DONALD BAIN MACKINTOSH

5. Date of Birth of Child (Month, day, year) Jan. 2, 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** DANIEL THOMAS ALEXANDER MACKINTOSH
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace EASTPORT (City or town) MAINE (State or foreign country)
14. Exact Occupation PRINTER
15. Industry or Business KENDRICK-NEWSPAPER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MINNIE HENRIETTA LAUTERBACH
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace FAIRBURY (City or town) NEBRASKA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child ONE. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that JOSEPH (First name) ASPRAY (Last name) M.D., who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MINNIE HENRIETTA (RETTA) O'DRISCOLL Signature
1407 - E. 45th St. SEATTLE WASH. P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942
(SEAL) W. L. Clary Notary Public, residing at Seattle, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Maurel E. Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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743-211-035-298 328932 328932

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Moller
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Moller
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Moller, Ida

4. FULL NAME OF CHILD Ethel May Puckett

5. Date of Birth of Child (Month, day, year) Aug. 11, 1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Van Puckett
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace (City or town) Tennessee (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Retta Ann Bryant
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at a M. on the date and at the place stated above, and that personal particulars were furnished by Retta (First name) Puckett (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J M Hull M.D. ~~Midwife~~ Address Lewiston Ida. Date Jan. 15, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1942 by Maud E. Leder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-202-014-231 329020

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329020
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Hazel Wilcox

5. Date of Birth of Child (Month, day, year) Sept. 2, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Walter Wilcox
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business Sugar Factory

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marian Stanford
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Logan, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 32 years, and that Dr. H. R. Ross (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Marian S. Wilcox Signature
608 Pierce P. O. Address

Subscribed and sworn to before me this 22 day of Jan., 1942.
(SEAL) L. L. Gill Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-102-042-238 329035 **329035**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 23 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years ? months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD William Russell Lewis

5. Date of Birth of Child (Month, day, year) Jan-2-1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herman N. Lewis
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Richmond Mich. (City or town) (State or foreign country)
14. Exact Occupation Seamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Rose Scheffel
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Cincinnati Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Hen (First name) Morgan (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Herman N. Lewis Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1942
(SEAL) Georgia Smith Notary Public, residing at Boise Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

JAN 23 1942

Received for filing on by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-222-010-365 329044

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329044
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. R.F.D. No 1
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wilhelmina Conrad Stephens

5. Date of Birth of Child (Month, day, year) June 22 - 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Harold Stephens
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Edna Conrad
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Draper Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California, County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr Larue (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES APR. 22, 1942

Martha Edna Stephens Pack Signature
2236 East 121st St Willowbrook P. O. Address

Subscribed and sworn to before me this 12 day of January, 1942
(SEAL) Irene McGuarvie Notary Public, residing at 141 W Compton Blvd
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Mary E Calder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 24 1942

NOV 4 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-108-023-431

JAN 26 1942

329065

329065

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340
Local Reg. No. 6
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Pearl
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address Star Idaho

3. RESIDENCE of FATHER (city, state) Star Idaho

4. FULL NAME OF CHILD John Bennett Turner

5. Date of Birth (Month, day year) March 8 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Bennett Turner
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Boston (City or town) Mass (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary McAskill
17. Color or Race White
18. Age at time of THIS birth 37 yrs
19. Birthplace Forest City (City or town) Maine (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nit
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by Fred B. Turner (First name) (Last name), who is related to this child as Father (Mother, etc.).

26. (a) 1-24-42 (Date received) (b) J. R. Reynolds (Registrar's signature)

25. Attendant's OWN signature J. R. Reynolds M.D. (D.O., Midwife, etc.) and address Emmett Date 1-24-42

27. Given name added on ..... by Mabel Fedler (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

235-111-006-219

329075

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** Bingham
(a) County ~~Bonneville~~ (b) City Idaho Falls,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: L. D. S. Hosp.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Louis Marion Stewart,

5. Date of Birth (Month, day, year) Nov. 11-1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Marion P. Stewart

11. Color or Race White

12. Age at time of THIS birth 21 yrs

13. Birthplace Fillmore, Utah
(City or Town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Baird,

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Soda Springs, Idaho
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 14 1942 (Date received) (b) Mary E Eden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address ..... Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

21 3-123-006-213

329076

United States
Department of Commerce
Bureau of the Census Bingham

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Bonneville~~ (b) City Ucon
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Jefferson~~ Fremont
(c) City Rigby
(d) Street Address or R.F.D. No. Rigby #1
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Lawrence Alfred Bates

5. Date of Birth of Child (Month, day, year) June 23-1909.

6. Sex male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** David Alfred Bates.
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Taylor, Arizonia (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business g farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Alice Bates/
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Park City, Utah. (City or town) (State or foreign country)
20. Exact Occupation farmer
21. Industry or Business farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that ~~Dr.~~ Josephine Thompson (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Alice Bates Signature
Rigby-1, Idaho. P. O. Address

Subscribed and sworn to before me this 12 day of January, 1942.
(SEAL) Rosa E. Kennedy Notary Public, residing at Rigby, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Mary E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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958-104-042-819

329098

United States
Department of Commerce
Bureau of the Census

JAN 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City 5 Mi. N.E. Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years six months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City 5 Mi. N.E. Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Five yrs.

3. RESIDENCE OF FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD Charles Oscar Reynolds

5. Date of Birth of Child (Month, day, year) 1-4-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Reason Reynolds
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Grays Branch, Greenup Co., Ky. (City or town) (State or foreign country)
14. Exact Occupation Ranch Hand
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Hartz
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Louisville, Ky. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business At Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:45A. M. on the date and at the place stated above, and that personal particulars were furnished by Maggie Reynolds (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Ohio
County of Scioto } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 33 years, and that Eliza (First name) Lee (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MABEL VAUGHTERS
Notary Public, State of Ohio
My Commission Expires Sept. 27, 1943

Maggie Reynolds Signature
Route #1, Dry Run, Portsmouth, Ohio P. O. Address

Subscribed and sworn to before me this 20th day of January, 1942

(SEAL) Mabel Vaughters Notary Public, residing at Portsmouth, Ohio

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by Mary Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264-109-029-653

329114

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: Crescent
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Crescent
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Burton William Sanders

5. Date of Birth of Child (Month, day, year) April 2 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Lemure Sanders
11. Color or Race: White
12. Age at time of THIS birth: 40 yrs.
13. Birthplace: Lagrange (City or town) Indiana (State or foreign country)
14. Exact Occupation: Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Emily Wells
17. Color or Race: White
18. Age at time of THIS birth: 29 yrs.
19. Birthplace: Riverton (City or town) Nebraska (State or foreign country)
20. Exact Occupation: House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: do not know

23. Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Elizabeth Wells (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Grace Sanders Signature
Lenthurst Idaho P. O. Address

Subscribed and sworn to before me this 12 day of Dec, 1942
(SEAL) W R Anderson Notary Public, residing at Lenthurst Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mary F Logan, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

183-15-009-623

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329123
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Bonner (b) City: Laclede
(c) Street Address or R.F.D. No.: none
(d) Name of Hospital or Maternity Home: Residence of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county six years ten months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Bonner
(c) City: Laclede
(d) Street Address or R.F.D. No.: none
(e) How long has **MOTHER** lived in Idaho? six yrs.

3. RESIDENCE OF FATHER (city, state) Laclede, Idaho

4. FULL NAME OF CHILD MARVIN HARRY AHLSKOG

5. Date of Birth of Child (Month, day, year) Sept. 15, 1909

6. Sex Male

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Mathias Ahlskog
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Mallax (City or town) Finland (State or foreign country)
14. Exact Occupation Lumberman and Farmer
15. Industry or Business Sawmill and Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Osterback
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Partom (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child five. (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 32 years, and that Mrs. (First name) Diver (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ahlskog
Signature

2828 Wynwood Lane, L. s Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 8th day of January, 19 42

(SEAL) Maud H. Seth Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES ON APRIL

Received for filing on JAN 14 1942 by Maud H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-202-029-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 14 1942

State File No. 329166
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: Deary
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Deary
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Deary, Idaho

4. FULL NAME OF CHILD Annie Lenore Swenson

5. Date of Birth of Child (Month, day, year) Nov. 2, 1909

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis Swenson
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Vermland, Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elfrida Amelia Halen
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Gothenburg Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Household

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for over 32 years, and that Charlotte Halen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elfrida Swenson Signature
Deary, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of January, 19 42.

(SEAL) Notary Public, residing at Deary, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

622-124.029-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329167
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Deary
(c) ~~Street Address or~~ R.F.D. No. 1
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Deary
(d) ~~Street Address or~~ R.F.D. No. 1,
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Deary, Idaho

4. FULL NAME OF CHILD Delbert Freland Osborn

5. Date of Birth of Child (Month, day, year) August 24, 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Zack Preston Osborn
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Virginia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Elizabeth Baker
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Hutchingson, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Household

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for over 32 years, and that Sarah (First name) Pierce (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zack Preston Osborn Signature
Deary, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of January, 1942.
(SEAL) G. W. Wyles Notary Public, residing at Deary, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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849-20-042-445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329176
Local Reg. No.
Reg. Dist. No.

Twin 7 JAN 19 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County. Jerome (b) City
(c) Street Address or R.F.D. No. Milner
(d) Name of Hospital or Maternity Home: M Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State. Idaho (b) County. ~~Jerome~~ Twin Falls
(c) City Milner
(d) Street Address or R.F.D. No. Milner
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Jerome

4. FULL NAME OF CHILD Leona Josephine Quint

5. Date of Birth of Child (Month, day, year) Aug. 18, 1929

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Hudley Quint
11. Color or Race White 12. Age at ~~time~~ of THIS birth 29 yrs.
13. Birthplace Eklan (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olga Mueller
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Minneapolis (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for — years, and that Dr. Graham Lemon (First name) (Last name), who attended this birth cannot locate (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Olga Mueller Quint Signature
4669 Cherokee San Diego P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942.

(SEAL) Edith M. Jones Notary Public, residing at San Diego Calif.
My Commission Expires Feb. 23, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

EDITH M. JONES, Notary Public
in and for the County of San Diego, State of California

Received for filing on JAN 19 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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243-183-009-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329180
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNER (b) City PRIEST RIVER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNER
(c) City PRIEST RIVER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD ANDREW SULLIVAN

5. Date of Birth of Child (Month, day, year) MAR 23, 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** TIMOTHY SULLIVAN
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace LAWRENCE, MASS. (City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business LUMBERING Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** DELVINA BURLO
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace CANADA (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 32 years, and that DR (First name) McCARTHY (Last name) who attended this birth — (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pat H. Sullivan — Signature
Wallace Idaho — P. O. Address

Subscribed and sworn to before me this 15 day of January, 1942.
(SEAL) Geo. W. Dan — Notary Public, residing at Wallace Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mary F. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

816-105-022-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO JAN 19 1942

State File No. 329185
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Teton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) 25 years

4. FULL NAME OF CHILD George Vane Haws

5. Date of Birth of Child (Month, day, year) 2-5-09

6. Sex male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Ervin Haws
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Mona (City or town) Utah (State or foreign country)
14. Exact Occupation pipefitter
15. Industry or Business in Factory

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Loveland
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Honeyville (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business in own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Vera (First name) Haws (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that ~~Georgx Vanx Haws~~ (First name) Dr. Shupe (Last name), who attended this birth is deceased now (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs Vera D. Haws Signature
137 Linden Court, Burbank, Calif. P. O. Address

Subscribed and sworn to before me this 15th day of January, 1942.
(SEAL) Frances Santee Notary Public, residing at 1543 Talmadge Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

George Vane Haws
137 Linden Court,
Burbank, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-125-028-455

329186

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur de Alene
(c) Street Address or R.F.D. No. 801 Lakeside Ave.
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 18 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur de Alene
(d) Street Address or R.F.D. No. 801 Lakesid Ave
(e) How long has **MOTHER** lived in Idaho? 18 mos ~~yrs.~~

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Arthur Devine

5. Date of Birth of Child (Month, day, year) July 25, 1909

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnacy 9 mos. 9. Legitimate? No

FATHER OF CHILD

10. **FULL NAME**
11. Color or Race 12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Daisy Devine
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Merry Dean, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Domestic
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Drs. Portland & Scalion (First name) (Last name), who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary D. Hoesmann (nee Devine) Signature
651 S. Record Avenue, Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 15th day of January, 1942

(SEAL) Ernesty J. Nelson Notary Public, residing at 920 S. Ford Blvd. Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mark F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279-103-009-794

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329252
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNER (b) City Sandpoint
(c) Street Address ~~or R.F.D. No.~~ 316 Pine St.
(d) Name of Hospital or Maternity Home: Home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address ~~or R.F.D. No.~~ 316 Pine
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Idaho

4. FULL NAME OF CHILD Russell Gordon Springer

5. Date of Birth of Child (Month, day, year) June 3, 1909

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willard Franklin Springer
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Centerville (City or town) Michigan (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Clara Pidley
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace East Saginaw (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho }
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 32 years, and that Dr O. R. Page (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Willard Franklin Springer Signature
Sandpoint Idaho P. O. Address

Subscribed and sworn to before me this 16th day of January, 1942
(SEAL) Gladys Bunnell Notary Public, residing at Sandpoint
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mary F. Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-109-02-754

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 329273
Local Reg. No. 194
Reg. Dist. No. 540

1. PLACE OF BIRTH:
(a) County FRANKLIN (b) City PRESTON,
(c) Street Address or R.F.D. No. 50 EAST 1ST NORTH
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State IDAHO (b) County FRANKLIN
(c) City PRESTON.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? -3- yrs.
(f) Mother's mailing address (For registration notice):
152 No. 1 st West, PRESTON, IDAHO.
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ORA GEDDES GREAVES

5. DATE OF BIRTH (Month, day, year) 9-9-1909

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME CYRUS LEROY GREAVES

11. Color or Race WHITE

12. Age at time of THIS birth 27 yrs.

13. Birthplace LOGAN, CACHE COUNTY, UTAH.
(City or Town) (State or foreign country)

14. Exact Occupation BANK CLERK

15. Industry Business BANKING

MOTHER OF CHILD

16. FULL MAIDEN NAME LEONA GEDDES

17. Color or Race WHITE

18. Age at time of THIS birth 27 yrs.

19. Birthplace PLAIN CITY, WEBER COUNTY, UTAH.
(City or Town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child -2- (b) Born alive and now living TWO
(c) Born alive and now dead None (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 2:45 A. M. on the date and at the place stated above, and that personal particulars were furnished by Cyrus LeRoy Greaves (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) 1-13-42 (Date received) (b) G. W. Staley (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Nancy E. Beckstead M.D. (~~Dr.~~, Midwife, ~~etc.~~)
and address Preston Idaho Date 1-13-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JAN 24 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

796-116-04-866

330372

United States JAN 27 1942 (Be sure the information is as of date of birth of THIS child) State File No. 330372
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 90 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Irvin Samuel Gifford

5. Date of Birth of Child (Month, day, year) Sept. 16, 1909

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Homer Gifford
11. Color or Race white 12. Age at time of THIS birth 42 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Sophia Hoopes
17. Color or Race white 18. Age at time of THIS birth 38 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by Sarah (First name) Gifford (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 32 years, and that Dr Bird (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sarah Gifford Signature
P. O. Address

Subscribed and sworn to before me this 27 day of January, 1942
(SEAL) E. Reed Smith Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by Mary F. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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413-122-022-962 330392

330392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Edmunds
(c) Street Address or R.F.D. No. 3, St. Anthony, Ida
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 6 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Edmunds
(d) Street Address or R.F.D. No. 3, St. Anthony, Ida
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Vernon Arthur Matheus

5. Date of Birth of Child (Month, day, year) Jan. 22, 1929

6. Sex Boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter J. Matheus
11. Color or Race white 12. Age at time of THIS birth 24 yrs.
13. Birthplace Newark (City or town) Ohio (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Elizabeth Robertson
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Henderson Creek, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that Dr. Hummel (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter J. Matheus Signature
Carmen, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of January, 19 22
(SEAL) Preston Thatcher Notary Public, residing at Salmon, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Maud Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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598-111-042-319 JAN 28 1942 330398

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330398
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County TWIN Falls (b) City BUHL
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County TWIN FALLS
(c) City BUHL
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD HAROLD CARTER NIHART

5. Date of Birth of Child (Month, day, year) 9 11 1909

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd no

8. No. months of Pregnacy Reg.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Nihart
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace ONECO, Illinois, USA (City or town) (State or foreign country)
14. Exact Occupation Clerical office
15. Industry or Business Realestate & Insurance.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Edna Carter
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Mankato, Minn. USA (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of ADA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Doctor (First name) ROSS (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Nihart Signature

PO BOX 564 Nampa, Idaho. P. O. Address

Subscribed and sworn to before me this 28 day of Jan, 1942

(SEAL) R.W. Barkman Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by Mary Fraser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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593-229-028-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330420
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum Ida

4. FULL NAME OF CHILD Bessie Alma Nicolai

5. Date of Birth of Child (Month, day, year) Mar 29 1909

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Theodore J. Nicolai
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Cincinnati (City or town) Ohio (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leota Alma Peters
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Batesville (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 8 M. on the date and at the place stated above, and that personal particulars were furnished by Theodore J Nicolai (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Theodore J Nicolai M.D. Midwife Address Rathdrum Ida Date Mar 29 '09

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that I was only attendant (First name) (Last name) who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theodore J. Nicolai Signature
1249 N. San Francisco St Highland Calif. P.O. Address

Subscribed and sworn to before me this 10th day of January, 19 42
(SEAL) E. C. Godley Notary Public, residing at San Bernardino
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Mark F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-102-003-381

330429

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lava
(c) Street Address or R.F.D. No. Lava
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lava
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot Ida

4. FULL NAME OF CHILD Claude Adams

5. Date of Birth of Child (Month, day, year) May 2 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Gilbert Adams
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Cambridge (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Chadwick
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 52 years of age, that I have known this person for 32 years, and that Caroline Stoddard (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo G Adams Blackfoot Signature
Myrtle A Adams Blackfoot Ida P. O. Address

Subscribed and sworn to before me this 21 day of January, 1942.
(SEAL) E. C. Taylor Notary Public, residing at Blackfoot Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Mary E. Taylor, Registrar. My Commission expires January 7, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-106-007243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330454
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Blaine (b) City: Bellevue Idaho
(c) Street Address or R.F.D. No.: R.F.D.
(d) Name of Hospital or Maternity Home: In mothers Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Bellevue
(c) City: Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lawrence Albert Bateman

5. Date of Birth of Child (Month, day, year) July 6 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Albert Bateman
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace West Garden (City or town) Utah (State or foreign country)
14. Exact Occupation LABOR
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Louisa Buck
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Joseph (First name) Bateman (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Joseph Albert Bateman Signature
x 1923 Cor St Clearwater P. O. Address

Subscribed and sworn to before me this 16 day of January, 1943.

(SEAL) C. A. Burns Notary Public, residing at Clearwater

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

549-105-022-963

330507

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Fremont

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Jefferson~~ (b) City Rigby
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Jefferson~~
(c) City Rigby
(d) Street Address or R.F.D. No. #2
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD James Gilbert Purser

5. Date of Birth of Child (Month, day, year) March 5-1909

6. Sex male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Israel James Purser
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Clarkston (City or town) Utah. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Fern Rolfe.
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Rigby, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 13

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5.P.M M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Fern Rolfe (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Allen P. Pate ~~M.D.~~ Midwife Address Rigby, Idaho Date Jan. 17-1942.

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Maud E. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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685-114-625-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO JAN 15 1942

State File No. 330521
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. [redacted]
(d) Name of Hospital or Maternity Home Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Ida

4. FULL NAME OF CHILD Gilbert A. Whealdon

5. Date of Birth of Child (Month, day, year) Nov 14 1909

6. Sex Male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjah Whealdon
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Albany Linn Co Oregon (City or town) (State or foreign country)
14. Exact Occupation Farming & clock saw
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertie J. Brandon
17. Color or Race White 18. Age at time of THIS birth 43 yrs.
19. Birthplace Albany Linn Co Oregon (City or town) (State or foreign country)
20. Exact Occupation Home maker
21. Industry or Business Have taught school

22. Name prophylactic used to prevent Ophthalmia Neonatorum yes all
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living one died at 42

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for ..... years, and that Dr. Slusser (First name) (Last name), who attended this birth do not know (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertie J. Whealdon Signature
Payette R #2 Idaho P. O. Address

Subscribed and sworn to before me this 12 day of January, 1942
(SEAL) [illegible] Wilson ~~Notary Public, residing at~~ County Auditor
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Payette County, Idaho

Received for filing on JAN 15 1942 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

354-213-025-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

Idaho JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330549
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Clearwater~~ Idaho (b) City Stites,
(c) Street Address or R.F.D. No. Country farm
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Ten years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Clearwater~~ Idaho
(c) City Stiites, on farm 8 miles out.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Stites, Idaho

4. FULL NAME OF CHILD Hazel MARIE Lemke

5. Date of Birth of Child (Month, day, year) Dec. 13, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Frank Lemke
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Edna Hart
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hartville, (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington, County of Mason } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 32 years, and that the Doctor (First name) (Last name), who attended this birth is now unkown to me (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Archie Edward Lemke Signature
Shelton, Matlock Route, Wash. P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942.

(SEAL) Notary Public, residing at Shelton, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mabel Kibler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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993-116-025-132

330577

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 2 months 19 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD ALLEN CULLEY RICE

5. Date of Birth of Child (Month, day, year) March 16, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bailey Frank Rice
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Grangeville, Idaho (City or town) (State or foreign country)
14. Exact Occupation Laborer - Carpenter
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jalia Alkire
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Freedom (Slate Creek) Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Bailey Rice (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature J D Shumack M.D. Address Grangeville, Idaho Date 1-15-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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459-112-022-133

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 16 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 330603
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Tetonia
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Tetonia
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Earl Meikle

5. Date of Birth (Month, day year) Aug 12, 1909.

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** Jos Arthur Meikle	16. **FULL MAIDEN NAME** Temperance Allen
11. Color or Race White American	17. Color or Race White American
12. Age at time of THIS birth 32 yrs.	18. Age at time of THIS birth ..... yrs
13. Birthplace Smithfield (City or town) Utah (State or foreign country)	19. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15 Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 10
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 16 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Cache } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Temperance Meikle, being first duly sworn, say that I am related (Related to (or) acquainted with) to Earl Meikle (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Driggs (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Temperance Meikle Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of Sept. 1941

(SEAL) Geo G Nelson Notary Public, residing at Smithfield

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

154-126-029-632

United States
Department of Commerce
Bureau of the Census

JAN 22 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 330613
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Nora
(c) Street Address or R.F.D. No. (4 miles E. of Troy. Nora
(d) Name of Hospital or Maternity Home: My home in res. at Nora
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. In THIS county years month days. continuous in Latah

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Nora (Local store)
(d) Street Address or R.F.D. No. 2.
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address Troy, Rt. 2.

3. RESIDENCE of FATHER (city, state): Nora, Idaho

4. FULL NAME OF CHILD Morris Stanton Anderson,

5. Date of Birth (Month, day, year) Oct. 26, 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John August Anderson
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Buying &Selling
15. Industry or Business Gen'l Merchantile

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena M. (Mekolyn) Olsen,
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation ~~Hou~~ Housewife
21. Industry or Business Store Assistance

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 22 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lena M. Anderson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Morris Stanton Anderson (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that John W. Olson M.D. (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lena M. Anderson Signature
3315 Childs Ave, Ogden Utah P. O. Address

Subscribed and sworn to before me on this 20 day of January, 19 42

(SEAL) Maurine Clifford Notary Public, residing at Ogden, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 29 1973

DELAYED REGISTRATION LAW

([illegible] Chapter [illegible] Section [illegible])

Where the birth of a child born prior to the effective date of [illegible] 1915 [illegible] has not been reported [illegible] report duly [illegible] subsequent [illegible] report may be received [illegible] by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title [illegible] Code [illegible] when such report is accom[illegible] [illegible] affidavit of the [illegible] or [illegible] of the [illegible] or guardian, or other person having actual knowledge of the [illegible]

463-113-014-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330615
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Canyon (b) City: Near New Plymouth
(c) Street Address or R.F.D. No.: on ranch
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: New Plymouth
(d) Street Address or R.F.D. No.: 1
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) New Plymouth, Ida.

4. FULL NAME OF CHILD Charles Crawford Dotson

5. Date of Birth of Child (Month, day, year) March 13, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Emron Dotson
11. Color or Race: White
12. Age at time of THIS birth: 30 yrs.
13. Birthplace: Falls City (City or town), Nebraska (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Goss Haines
17. Color or Race
18. Age at time of THIS birth: 26 yrs.
19. Birthplace: New Richmond (City or town), Ohio (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Grace (First name) Dotson (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature W T Dryedale M.D. ~~Midwife~~ Address Ford Misc. US Veterans Date 1-5-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2 89-109-029-312 330688 **330688**

United States Department of Commerce Bureau of the Census

JAN 30 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 723 Seaton
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 723 Seaton
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lloyd Benjamin Shinn

5. Date of Birth of Child (Month, day, year) June 9th 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James R. Shinn
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Malton (City or town) Illinois (State or foreign country)
14. Exact Occupation Horticulturist U of I
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna M. Carstevens
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Stockton (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two. (b) Born alive and now living Two.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for ..... years, and that Dr. Adair (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James R. Shinn Signature

R.F.D. 4 Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of January, 1942

(SEAL) Marion E. Ova Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Marion E. Ova, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

566-120-008-442

330692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

330692

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Boise (b) City: Vanwyck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County: Boise
(c) City: Vanwyck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Luther Lowell Conrad

5. Date of Birth of Child (Month, day, year) Oct 30 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** F. A. Conrad
11. Color or Race: White
12. Age at time of THIS birth: 27 yrs.
13. Birthplace: Columbus (City or town) Kansas (State or foreign country)
14. Exact Occupation: Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Irene Dukes
17. Color or Race: White
18. Age at time of THIS birth: 30 yrs.
19. Birthplace: Vanwyck (City or town) Idaho (State or foreign country)
20. Exact Occupation: House Keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. (First name) F. A. Conrad (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that (First name) Maggie (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kate Conrad Signature
Cascade Idaho P. O. Address

Subscribed and sworn to before me this 30th day of January, 1942
(SEAL) Marion E. Ewer Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 30-1942 by Mabel H. Geddes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-130-032-297

330724

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Jerome
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: At His Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Jerome
(d) Street Address or R.F.D. No. None at that time
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD John Clair Reed

5. Date of Birth of Child (Month, day, year) Jan 30 1909 January

6. Sex

7. Twin or Triplet

If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Ellsworth P. Reed
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Eaton (City or town) Indiana (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel June Sipprelle
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Auburn (City or town) Maine (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (Mother, etc.), who is related to this child as (First name) (Last name)

25. Attendant's **OWN** signature Dr Piper Deceased M.D. Midwife Address Mrs Thorpe Deceased Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for all my life years, and that Dr E. D. Piper Deceased (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Joel Gwartney Signature
Jerome Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942

(SEAL) ~~Notary Public~~ Probate Judge & Ex Officio Clerk, residing at Jerome

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 21 1942 by Mary Feller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349 115 014-296

330733

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) ~~Street address or~~ R.F.D. No. 3
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years -- months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. Route # 3
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Floyd Clifford Curtis

5. Date of Birth of Child (Month, day, year) Aug. 15, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Pearl C. (initial only) Curtis
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Jones County (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm owner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Juanita Brown
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Eugene (City or town), Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mae (First name) Gay (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature ~~Midwife~~ M.D. Address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Mary (First name) J. Brown (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mae Gay. Signature
2523 Columbia St Eugene, Ore P. O. Address

Subscribed and sworn to before me this 14th day of Jan., 19 42.

(SEAL) Jesse S. Wells Notary Public, residing at Eugene, Ore
Com. expires 5-3-42

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mabel H. Gilson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485-118-025-966

330734

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: XX
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Rex Myers

5. Date of Birth of Child (Month, day, year) Apr. 18, 1909

6. Sex Male

7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles G. Myers
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace San Bernardino (City or town) Calif (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business X

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara G. Roos
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace X (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) X (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address X Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr. G. S. Stockton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara G. Myers Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of January, 19 42
(SEAL) W. T. Pothuell Notary Public, residing at Grangeville, Id.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1942 by Mabel H. Leffler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-112-007-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330737
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No. 152
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 5 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No. 152
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Carey Idaho

4. FULL NAME OF CHILD Earl Le-Roy Richards

5. Date of Birth of Child (Month, day, year) June 12th 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Horace Le-Roy Richards
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Paris (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Eunice Brooks
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Carey (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One. (b) Born alive and now living Two.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 33 years, and that Lula Howard (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel E. Richards ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 12 day of January, 1942

(SEAL) W. A. Lawrence ..... Notary Public, residing at Carey - Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1942 by Mabel Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

997-212-214-799

330745

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Canyon (b) City: Nampa
(c) Street Address or R.F.D. No.: R.F.D. #1
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Nampa
(d) Street Address or R.F.D. No.: R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Ruby Gertrude Rigdon

5. Date of Birth of Child (Month, day, year) May 12, 1909

6. Sex Female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Benjiman Rigdon
11. Color or Race white **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Ft. Madison, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Elvaretta Griffin
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Fenton, County, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Gertrude E. Rigdon (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J H Murray M.D. Midwife Address Nampa Ida Date Jan. 24. 1942

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 33 years, and that Dr. Murry (First name) (Last name), who attended this birth ~~now deceased~~ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Elvaretta Rigdon. Signature
N. 2518 Hamilton, Spokane, Washington P. O. Address

Subscribed and sworn to before me this 12th day of January, 19 42

(SEAL) A. W. Bolgher Notary Public, residing at Spokane.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-121-028-231

330753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 817 Sherman St.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 820 Sherman St.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Idaho

4. FULL NAME OF CHILD Russell Blackwell Hart

5. Date of Birth of Child (Month, day, year) Sept. 21, 1909

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Raymond MacMillan Hart
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Ionia County, Michigan (City or town) (State or foreign country)
14. Exact Occupation Manager, Blackwell Lumber Co.
15. Industry or Business Coeur d'Alene, Idaho

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Blackwell
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Driftwood (City or town) Penna. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON
County of SPOKANE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. John C. Dwyer (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission expires March 16, 1943

Mrs. Pauline Blackwell Signature
1624 South Cedar St. Spokane Res. Address

Subscribed and sworn to before me this 13 day of January, 1942

(SEAL) F. L. Crowley Notary Public, residing at SPOKANE

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mark Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-126-042-863

JAN 9 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330771
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County TWIN FALLS (b) City HANSEN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: FARM HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 7 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County TWIN FALLS
(c) City HANSEN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) HANSEN Idaho

4. FULL NAME OF CHILD Radford Holm Walker

5. Date of Birth of Child (Month, day, year) MAY 26, 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Augustus Monroe Walker
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace BARNESVILLE (Ellington) Mo. (City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Friedrike Holm
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace BURNS California (City or town) (State or foreign country)
20. Exact Occupation FARM HOUSEWIFE
21. Industry or Business HOUSE WIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9:40 P.M. on the date and at the place stated above, and that personal particulars were furnished by Myself (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature A M Walker — Attendant ~~M.D.~~ ~~Midwife~~ Address Kimberly, Idaho Date Jan. 8, 1942

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by Mark H. Elsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-105-025-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330792
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: XX
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Almon Dorman Randall

5. Date of Birth of Child (Month, day, year) Aug. 5, 1909

6. Sex Male

7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Almon Elisha Randall
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Scio (City or town) Oregon (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business X

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jay Myer Dorman
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Mount Idaho, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address X Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Mary E. Hindman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jay M. D. Randall Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of January, 19 42
(SEAL) H. Mothwell Notary Public, residing at Grangeville, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

66 Z 118-035-296

330803

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 26 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Lemhi~~ Nez Perce (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: J.M. Fox ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Winchester, Idaho

4. FULL NAME OF CHILD Clifford Wellington Fox

5. Date of Birth of Child (Month, day, year) Nov. 18, 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Onie Fox
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Humboldt (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Sawmilling

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Edna Brooks
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Farmington (City or town) Washington (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Dr. (First name) McLaughlin (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Edna Fox Signature

P. O. Address

Subscribed and sworn to before me this 1 day of Jan, 194[illegible]

(SEAL) Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-122-076-245

330813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Malta, Idaho

4. FULL NAME OF CHILD Everett Leroy Blanchard

5. Date of Birth of Child (Month, day, year) Aug. 22, 1909

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gilbert Leroy Blanchard
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Montpelier, (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Callie Eva Bunnell
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Wallowa (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of OREGON
County of YAMHILL } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Jerucia (First name) Blanchard (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Callie Eva Blanchard Signature
602 N. Main St., Newberg, Oregon P. O. Address

Subscribed and sworn to before me this 17th day of January, 1942

(SEAL) Cecil F. Hinshaw Notary Public, residing at Newberg, Oregon
My commission expires May 1, 1942.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-120-014-864

330821

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 20 1942

State File No. 330821
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Canyon (b) City: Caldwell
(c) Street Address or R.F.D. No.: mmmmm
(d) Name of Hospital or Maternity Home: Mrs. Garvin's home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Oregon (b) County: Malheur
(c) City: Vale
(d) Street Address or R.F.D. No.: -----
(e) How long has **MOTHER** lived in Idaho? 3 weeks yrs.

3. RESIDENCE OF FATHER (city, state) Vale, Oregon

4. FULL NAME OF CHILD John Elwood Clark

5. Date of Birth of Child (Month, day, year) Nov. 20, 1909

6. Sex male

7. Twin or --- Triplet --- If so—born 1st, 2nd, 3rd -- --

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elwood LeRoy Clark
11. Color or Race: white
12. Age at time of THIS birth: 30 yrs.
13. Birthplace: Nibrarri (City or town) Nebraska (State or foreign country)
14. Exact Occupation: banker
15. Industry or Business: banker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Ann Yoder
17. Color or Race: white
18. Age at time of THIS birth: 24 yrs.
19. Birthplace: East Lynn, Mo. (City or town) (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business: housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum: silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child: 2. (b) Born alive and now living: yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Dr. (First name) Young (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie Ann Clark ..... Signature
860 N. E. Ainsworth, Portland, Oregon ..... P. O. Address

Subscribed and sworn to before me this 19 day of January 19 42

My commission expires Oct 25th 1944

(SEAL) Bernard Deck ..... Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Mark Sheldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-219-014-684

330876

United States
Department of Commerce
Bureau of the Census

JAN 29 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 9th ave. N
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
✓ In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 9th ave N
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address (For registration notice): Seattle Wash. 331 4th North
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Nampa Ida

4. FULL NAME OF CHILD Myrtle Alta Morgan

5. DATE OF BIRTH (Month, day, year) June 19 1909

6. Sex Female

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Monte Cristo Morgan

11. Color or Race white

12. Age at time of THIS birth 22 yrs.

13. Birthplace Joplin Missouri
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Beatrice Jane White

17. Color or Race white

18. Age at time of THIS birth 21 yrs.

19. Birthplace Boise Idaho
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol ag. nit.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ✓ M. on the date and at the place stated above, and that personal particulars were furnished by Monte Cristo Morgan (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JAN 29 1942 (Date received) (b) Mabel Helfer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature J. H. Murray M.D. (M.D., Midwife, etc.)
and address Nampa Ida Date Jan 23 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

845-129-029-367

330878

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JAN 21 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital of Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: H
In Hospital or Maternity Home ..... Days
In **THIS** county years 0 months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 165 Roosevelt
(e) How long has **MOTHER** lived in Idaho? 51 yrs.
(f) Mother's mailing address (For registration notice): Pocatello, Id
165 Roosevelt (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** James Milo Hunt

5. **DATE OF BIRTH** (Month, day, year) Dec. 29, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Milo Hunt F

11. Color or Race White

12. Age at time of THIS birth ..... yrs.

13. Birthplace Des Moines, Iowa
Des (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Nellie Cox

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Sams Valley, Oregon
(City or Town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol. 10%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive. (born alive, stillborn) at 10 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Mr. Milo Hunt (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JAN 21 1942 (Date received) (b) Mabel Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** J. W. Thompson M.D. (D.O., Midwife, etc.)
and address Moscow, Idaho Date Jan 12-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

349-227-003-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330920
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City GRACE
(c) Street Address or R.F.D. No. GEN. DEL.
(d) Name of Hospital or Maternity Home: IN PARENT'S HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City GRACE
(d) Street Address or R.F.D. No. GEN. DEL.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho,

4. FULL NAME OF CHILD LENNA TURNER ~~SEFFORD~~

5. Date of Birth of Child (Month, day, year) May 27th, 1909

6. Sex FEMALE 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Richard Turner
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Lago., (City or town) Idaho (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phoebe Eliza Bennett
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Franklin, (City or town) Idaho (State or foreign country)
20. Exact Occupation Home-wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Bonneville, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for nearly 33 years, and that Mrs. — (First name) Stoddard (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phoebe Eliza Turner Signature
R.F.D. #3 - Idaho Falls, Idaho, P. O. Address

Subscribed and sworn to before me this 20th day of January, 1942.
(SEAL) Paul T. Sessions Notary Public, residing at Idaho Falls, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JAN 22 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-104-028-958

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330925
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Garwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Garwood, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Garwood, Ida.

4. FULL NAME OF CHILD Ishmael Claude Evans

5. Date of Birth of Child (Month, day, year) Oct. 4, 1909

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Franklin Daniel Evans
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Durbin, N. Dakota (City or town) (State or foreign country)
14. Exact Occupation Laboror
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Elizabeth Reynolds
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Lake City, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth ~~and including this child~~ 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Mrs. (First name) Sisko (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nora Elizabeth Reynolds Evans Signature
Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of January, 1941
(SEAL) Frances J. Long Probate Judge ~~Notary Public~~, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

AUG 13 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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893.114.036-843

330950

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 19 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Nelson Hill

5. Date of Birth of Child (Month, day, year) July 14 1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Matthew Hill
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Hutchison
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Scotland (City or town) Fife (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Ag NO3

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature D C Ray M.D. ~~Midwife~~ Address Malad Idaho Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-120-029-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330957
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick, Idaho

4. FULL NAME OF CHILD Chester Baldwin Woody

5. Date of Birth of Child (Month, day, year) Nov 20, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Lonzo Woody
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Burnsville (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Washington Baldwin
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Pomeroy (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Martha Woody (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha H. Woody — Signature
Kendrick, Idaho — P. O. Address

Subscribed and sworn to before me this 1 day of [illegible], 19[illegible]

(SEAL) [illegible] Notary Public, residing at Kendrick, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-108-086-613

331025

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Coltman
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years 1 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Coltman
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Coltman Idaho

4. FULL NAME OF CHILD Alma Robert Longmore

5. Date of Birth of Child (Month, day, year) December 8 1941

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Brooks Longmore
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Mill Creek (City or town) Utah (State or foreign country)
14. Exact Occupation Farm Labor
15. Industry or Business " "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Mary Walters
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace West Jordan (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Mrs. David Rawson (First name) (Last name), who attended this birth is believed dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud Mary Longmore Signature
Route #2, Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of January, 1942

(SEAL) Donald Jones Notary Public, residing at Blackfoot, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

463-10-09-962 331050

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331050
Local Reg. No.
Reg. Dist. No.

FEB 2 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: Leadwell & S. Boise
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Wayne Sylvester Dotson

5. Date of Birth of Child (Month, day, year): 9-1-1909

6. Sex: male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** Leeman Sylvester Dotson
11. Color or Race: W
12. Age at time of THIS birth: 26 yrs.
13. Birthplace: Blair (City or town) Nebraska (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Cora May Roberts
17. Color or Race: W
18. Age at time of THIS birth: 37 25 yrs.
19. Birthplace: Liberty (City or town) Nebraska (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Dr. Allen (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leeman Sylvester Dotson
Signature
Rt. #4 Box
P. O. Address

Subscribed and sworn to before me this 2 day of Jan, 19 42

(SEAL) S. L. Gill Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mary E. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1871 389-216-001-414 FEB 2 1942 331062

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331062
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Meridian
(c) Street Address or R.F.D. No.: #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years — months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Meridian
(d) Street Address or R.F.D. No.: Route #1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Ida

4. FULL NAME OF CHILD Pauline Thiel

5. Date of Birth of Child (Month, day, year) Sept. 16, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob Thiel
11. Color or Race: White
12. Age at time of THIS birth: 38 yrs.
13. Birthplace: Colp (City or town) Russia (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothy Dautfest
17. Color or Race: White
18. Age at time of THIS birth: 28 yrs.
19. Birthplace: Colp (City or town) Russia (State or foreign country)
20. Exact Occupation: Farmer-Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Dorothy (First name) Thiel (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Katherine Thiel M.D. Midwife Address Nampa, Route 1 Date 1/31/42

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6.0 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dorothy Thiel — Signature
RFD 1 Kuna, Idaho. — P. O. Address

Subscribed and sworn to before me this 31 day of January, 19 42

(SEAL) Tamarin — Notary Public, residing at Kuna, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mary E. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-122-029-599 331084

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331084
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Potlatch, Ida.

3. RESIDENCE of FATHER (city, state) Potlatch, Ida.

4. FULL NAME OF CHILD Alfred Edwin Fredrickson

5. Date of Birth (Month, day year) Aug. 22, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Fredrickson
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Esse (City or town) Finland (State or foreign country)
14. Exact Occupation Lumber piler
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Erickson
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Esse (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Jan 3 - 1942 (Date received) (b) Marie Fleck (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Alameda } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Fred Fredrickson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Alfred Edwin Fredrickson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. S. LePard (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Fred Fredrickson Signature
Port Chicago, California P. O. Address

Subscribed and sworn to before me on this 9th day of December 1941
(SEAL) Eugene H. Cherry Notary Public, residing at Oakland Calif
My Commission Expires April 26, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331102

217-204-006-234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JAN 30 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home At home Days
In THIS county 2 years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address (For registration notice): Shelley Idaho
(Street or R.F.D.) (Post Office)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Dorotha Nelle Sage

5. DATE OF BIRTH (Month, day, year) 4-4-1919

6. Sex Female 7. Twin or Triplet If so, born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Neal S. Sage
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Delphis (City or Town) Kansas (State or foreign country)
14. Exact Occupation Bank Cashier
15. Industry Business Shelley Commercial Bank

MOTHER OF CHILD

16. FULL MAIDEN NAME Madge May Stull
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Minneapolis (City or Town) Kansas (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 20 A. M. on the date and at the place stated above, and that personal particulars were furnished by Madge M. Sage (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 30 1942 (Date received) Mabel Hesler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Edwin Cutler M.D. (D.O., Midwife, etc.)
and address Shelley, Ida. Date 1-28-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

315-201-022-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 24 1942

331103

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Chester
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home Home of Frances Silby
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years 3 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Murphy Idaho
3. **RESIDENCE OF FATHER** (city, state) Murphy Ida

4. **FULL NAME OF CHILD** Martha Frances Cantwell
5. Date of Birth (Month, day, year) Dec. 1 - 1909
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Henry Cantwell
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Le Sueur (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Sonora Silby
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Montague (City or town) Texas (State or foreign country)
20. Exact Occupation House work
21. Industry or Business House wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at 8 a M. on the date and at the place stated above, and that personal particulars were furnished by Emma Sonora Cantwell (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JAN 24 1942 (Date received) Mark Keeler (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** × Frances Silby M.D. or midwife (D.O., Midwife, etc.)
and address 707 Farrell Boise Idaho

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....(Related to (or) acquainted with) .....(Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....(Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 193, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the [illegible] the Bureau of Vital Statistics for the purposes and upon provisions of Chapter 2, Title 88, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

389 209 028-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331111
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. /
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: New 10 years
IN **THIS** county yes years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. /
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls

4. FULL NAME OF CHILD Bernice Alberta Chisholm

5. Date of Birth of Child (Month, day, year) October 9 1909

6. Sex girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Dick Chisholm
11. Color or Race white 12. Age at time of THIS birth 48 yrs.
13. Birthplace Dakota (State or foreign country) Wisconsin
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabella Cox
17. Color or Race white 18. Age at time of THIS birth 44 yrs.
19. Birthplace Gilmerton (City or town) Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 33 years, and that Bernice Alberta Chisholm (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie Shafer Signature
Post Falls Idaho P. O. Address

Subscribed and sworn to before me this 27 day of Jan 1942

(SEAL) W. A. Baxin Notary Public, residing at Post Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mabel H. Luper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-19-03-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331112
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At Father's Home.
(e) Mother's stay **BEFORE** delivery IN **THIS** county Lifetime. years 34 months Years days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD David Roderick Atkinson

5. Date of Birth of Child (Month, day, year) 4/19/1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred H. Atkinson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Montpelier (City or town) Idaho U. S. A. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Waldron
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Gwenford (City or town) Idaho U.S.A. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that Mary Ann Reese (First name) (Last name), who attended this birth Is now deceased. (Is now deceased) or (Cannot be located) I [redacted]ate that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah E Atkinson Signature

Samaria, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of January, 19 42

(SEAL) Edward Woolley Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-224 229-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331114
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 1 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 1½ mos.
3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Myrtle Pauline Lindvall
5. Date of Birth of Child (Month, day, year) Oct. 24 - 1909
6. Sex Female
7. Twin or Triplet No. If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Louis A. Lindvall
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business "

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Sarah MaySadie Schedin
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Wheaton Minn. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Do not remember (First name) ..... (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis A. Lindvall Signature
N 5303 Monroe Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 27 day of January, 1942
(SEAL) George Bradley Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mabel H Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-102-030-256

331123

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon, Idaho

4. FULL NAME OF CHILD Elza Hugh Stine

5. Date of Birth of Child (Month, day, year) June 2, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Roy Stine
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ala May Snodgrass
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Salmon (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr. A. E. Murphy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ala May Stine — Signature
Salmon, Idaho — P. O. Address

Subscribed and sworn to before me this 27th day of January, 19 42

(SEAL) W. W. Simmonds, Clerk of the District Court, in and for Lemhi County, Idaho — ~~Notary Public, residing at~~ By Clover Edwards Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 110 006-319

331182

United States
Department of Commerce
Bureau of the Census Benham

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Bonneville~~ (b) City Ammon
(c) Street Address or R.F.D. No. R.F.D. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ~~Bonneville~~
(c) City Ammon
(d) Street Address or R.F.D. No. R.F.D. 3
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Ammon IDAHO

4. FULL NAME OF CHILD Lewis Cedric Carter

5. Date of Birth of Child (Month, day, year) August 10 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Andrew Carter
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ermina Carter
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Maryville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 46 years, and that Dr. T. C. Williams (First name) (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. A. Carter Signature
R.F.D. 3 Idaho Falls Ida. P. O. Address

Subscribed and sworn to before me this 29 day of January, 1942.
(SEAL) Louise Reefer Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mark Reefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415730025734

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331184
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: xx
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 ~~xx~~ yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville

4. FULL NAME OF CHILD Mack Lawrence Manring

5. Date of Birth of Child (Month, day, year) March 30, 1909

6. Sex Male

7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** M.Dea Manring
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Palouse City, Wash. (City or town) (State or foreign country)
14. Exact Occupation Garage Mechanic
15. Industry or Business X

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie O.Alderman
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Fremont, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address X Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 33 years, and that Dr.Chas.Busey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie O. Manring Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of Nanuary, 19 42

(SEAL) [illegible] Notary Public, residing at Grangeville, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-229 040-285

331198

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Black Bear
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home No days.
IN **THIS** county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Josephine Minnie Barnhart
5. Date of Birth (Month, day year) May 29, 1909
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Joseph Edgar Barnhart
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace (City or town) Kansas (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Nellie May Sherwood
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Joplin (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 30 1942 (Date received) (b) M. (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of San Juan }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Charles E. Sherwood, being first duly sworn, say that I am related to (Related to (or) acquainted with) Josephine M. Barnhart Langley (Name of person on certificate above) as grandfather (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

C. E. Sherwood Signature
Friday Harbor, Wash. P. O. Address

Subscribed and sworn to before me on this 26 day of January 1942
(SEAL) Notary Public, residing at Friday Harbor

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

417-108-029-766

United States
Department of Commerce
Bureau of the Census

JAN 24 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331210
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9½ yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Clarence Henry Maxwell

5. Date of Birth of Child (Month, day, year) Nov. 8, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Jefferson Maxwell
11. Color or Race White **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Jennie Pool
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business schoolteacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho Montana
County of Cascade } SS.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 32 years, and that Mrs. Henry Star (First name) (Last name), who attended this birth (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Jennie Maxwell Signature
1115 - Fourth Ave. N.W. Great Falls Mont. Address

Subscribed and sworn to before me this 22 day of January
(SEAL) Wm Moore Notary Public residing at Great Falls Mont.
NOTARY PUBLIC for the State of Montana
Residing at Great Falls, Montana
My Commission Expires Sept. 15, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Mark Hefler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295 10 029 766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331216
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Near Palouse, Wn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at haome
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Latah Co. (b) County Latah
(c) City
(d) Street Address or R.F.D. No. 44
(e) How long has **MOTHER** lived in Idaho? 22 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Roger Earnest Kincaid

5. Date of Birth of Child (Month, day, year) 1-11-1909

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 15

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Madison Kincaid
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Cumberlan Co. Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie May Powers
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Springfield, Lane Co. Oregon (City or town) (State or foreign country)
20. Exact Occupation Famer wife on farm
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 15 (b) Born alive and now living 15

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Annie May Kincaid (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 33 years, and that Allameda Southworth (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie May Kincaid Signature

P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942

(SEAL) Notary Public, residing at Palouse, Wash.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Mark Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-109 025-523 331248

FEB 4 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331248
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth).
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Ferdinand, Ida

4. FULL NAME OF CHILD Raymond Chester Sink

5. Date of Birth of Child (Month, day, year) 9/9/1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Floyd Sink
11. Color or Race White
12. Age at time of THIS birth 58 yrs.
13. Birthplace Virginia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lenora Jane Edlinger
17. Color or Race
18. Age at time of THIS birth 27 yrs.
19. Birthplace Woodville Oregon (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1 0 of a Arg y 20%

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 P M. on the date and at the place stated above, and that personal particulars were furnished by Thos Sink (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature J D Sherwood M.D. ~~Midwife~~ Address Ferdinand Id. Date Jan 20 '42

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493-218-014-449 331252

331252

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home no days.
IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Caldwell Rt 1

3. RESIDENCE of FATHER (city, state) Caldwell Rt

4. FULL NAME OF CHILD Attie Bernice Mills

5. Date of Birth (Month, day year) Oct. 18. 1909

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd no 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clay Mills
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Main City (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Margetta Murray
17. Color or Race white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Fredericktown (City or town) Missouri (State or foreign country)
20. Exact Occupation Home mfr
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead no (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

FEB 4 194

26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Addie M. Mills, being first duly sworn, say that I am related to (Related to (or) acquainted with) Attie Bernice Mills (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. H. Murray, M.D. (Name of attendant at birth), who attended said birth now retired (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Addie M. Mills Signature
Nampa, Idaho R.2 P. O. Address

Subscribed and sworn to before me on this 24 day of November, 194
(SEAL) Notary Public, residing at Nampa Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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859 107 009 365

331265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331265
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Newport
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Newport
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Newport, Idaho

4. FULL NAME OF CHILD Robert Irving Heisner

5. Date of Birth of Child (Month, day, year) June 7, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Fred Heisner
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Berlin, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Sawyer
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Clara Long
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Genoa, Nebraska. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mabel (First name) Heisner (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Madison Long M.D. Midwife Address Orosi, California. Date Jan. 24, 1942

State of California
County of Tulare } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that J.T. Phillips M.D. (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel C. Heisner — Signature
Orosi Calif. — P. O. Address

Subscribed and sworn to before me this 27 day of Jan, 1942
(SEAL) D. McCormick Notary Public, residing at Dinuba, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by Mark [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864 117 006-714

331267

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331267
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ..... (b) City American Falls
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home:
born in parents home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county yes years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County .....
(c) City American Falls
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) am Falls Idaho

4. FULL NAME OF CHILD Faron Robert Lounsbury

5. Date of Birth of Child (Month, day, year) Jan 17-1909

6. Sex boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Rutherford H. Lounsbury
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Corinne (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Gamble
17. Color or Race American
18. Age at time of THIS birth 27 yrs.
19. Birthplace Malta (City or town), Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~girl~~ (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ~~Clara Smith~~ (First name) (Last name), who is related to this child as ~~mother~~ (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho, County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Richard F. Noth, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Lounsbury Smith ..... Signature
AMERICAN FALLS, IDAHO ..... P. O. Address

Subscribed and sworn to before me this 3rd day of February, 19 42.
(SEAL) ..... Notary Public, residing at American Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396 121 032 669 331268

331268

United States Department of Commerce Bureau of the Census

FEB 5 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Vincent Crow

5. Date of Birth of Child (Month, day, year) Nov 21, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Stoddard Crow
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Hopkinton (City or town) Iowa (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barbershop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Foran
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Newcastle (City or town) Canada (State or foreign country)
20. Exact Occupation Housewaife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. D. Higgs (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah F. Crow — Signature
Gooding, Idaho — P. O. Address

Subscribed and sworn to before me this 4th day of February, 19 42

(SEAL) M. F. Ryan — Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1942 296 215 006 996

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331325
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham lle (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham lle
(c) City Idaho Falls
(d) Street Address or ~~RFD No.~~ 145 So. Eastern Ave.
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mabel Genevieve Browning

5. Date of Birth of Child (Month, day, year) Febr. 15, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arlie Eugene Browning
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Irwin
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Coalville Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Arlie E. Browning (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Wm. Kinnaird M.D. ~~Midwife~~ Address 3138½ De Longpre Los Angeles Cal. Date Jan. 29. 1942

State of Idaho County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for life years, and that Dr. Kinnaird (First name) (Last name), ~~who~~ attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Irwin Browning Signature
145 So. Eastern Ave., Idaho Falls, Ida. Address

Subscribed and sworn to before me this 7th day of January, 1942.
(SEAL) W. L. Brennan NOTARY PUBLIC, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by Mabel Hecker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville

Certificate No. 331325

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Mabel Genevieve Browning (Name on Original Certificate) who was born (Was Born or Died) on Febr. 15, 1909 (Date of Event) in Idaho Falls, Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on ....., (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's age	40 years	30 years

Subscribed and sworn to before me this 9th day of March, 1942.

W. L. Drewnick
XXXXXXXXX Notary Public, residing at Idaho Falls, Ida

My commission expires
(Seal)

Signed A E Browning
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

145 So. Eastern Ave, Idaho Falls
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of March, 1942.

W. L. Drewnick
XXXXXXXXX Notary Public, residing at Idaho Falls, Idaho

My commission expires
(Seal)

Signed Mrs Mary Browning
(Signature of Any Credible Person Other Than Previous Year)

145 So. EasternnAve.
Idaho Falls, Idaho
(Street Address, City, State)

413-201 014-639

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331332
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none (at home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 mo yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edith Linnea Mattson

5. Date of Birth of Child (Month, day, year) Mar. 1, 1909

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Mathias Valentine (Walter) Mattson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Mariehamn (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilda A. Olin
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Nykarleby (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4:30 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Marie (First name) Asp (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hilda A. Olin Mattson Signature
Freewater, Oregon P. O. Address

Subscribed and sworn to before me this 10th day of January, 1942

(SEAL) Russel Blackler Notary Public, residing at Freewater, Ore.
my commission exp: _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mabel Helfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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359-114036-719

331367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 4
Reg. Dist. No. 540

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Franklin~~ (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mrs. Charlotte Parkinson's Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Franklin~~ Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Preston, Idaho, Franklin

4. FULL NAME OF CHILD Paul Rufus Leigh

5. Date of Birth of Child (Month, day, year) June 14, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rufus Wood Leigh
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Cedar City, Utah (City or town) (State or foreign country)
14. Exact Occupation Vacationing, formerly teaching
15. Industry or Business Preparing to study dentistry.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Parkinson
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Franklin, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver treatment

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living yes 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Eva Leigh (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature G. W. States M.D. Midwife Address Preston Idaho Date 1/22/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by G. W. States, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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299-108-022-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331369
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Lemhi (b) City:
(c) Street Address or R.F.D. No.:
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: (b) County:
(c) City:
(d) Street Address or R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Bert L. Kirkham

5. Date of Birth of Child (Month, day, year): Feb. 8, 1909

6. Sex: Male

7. Twin or Triplet: ✓

If so—born 1st, 2nd, 3rd: 1

8. No. months of Pregnancy: 9

9. Legitimate: Yes

FATHER OF CHILD

10. **FULL NAME:** William Kirkham
11. Color or Race: White
12. Age at time of THIS birth: 22 yrs.
13. Birthplace: (City or town) England (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Gray Nelson
17. Color or Race: White
18. Age at time of THIS birth: 20 yrs.
19. Birthplace: (City or town) Lemhi County (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child: (b) Born alive and now living: 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by William Kirkham (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature: [illegible] M.D. Midwife Address: Salmon, Idaho Date: 1-30-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 30th day of Jan., 1942

(SEAL) Notary Public, residing at Ashton, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Mabel H. Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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695-725 C22 885

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331376
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: No
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 4 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Samuel Clayton Winters

5. Date of Birth of Child (Month, day, year) June 25, 1909

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur A. Winters
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Mt. Pleasant (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda P. Howard
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Wilford (City or town) Idaho (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 11:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Matilda P. Winters (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Juanietta Brown ~~M.D.~~ Midwife Address St Anthony Ida Date 2/4-'42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by Mary Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-705 044-255

331400 331400

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Main St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Main St
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Jacob Waldrop

5. Date of Birth of Child (Month, day, year) March 5 1942

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob Waldrop
11. Color or Race White
12. Age at time of THIS birth 45 50 yrs.
13. Birthplace Caldwell County (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence May Bennett
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Willow Creek (City or town) Oregon (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 3 A.M. on the date and at the place stated above, and that personal particulars were furnished by Agnes (First name) Ball (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Mrs Agnes Ball ~~M.D.~~ Midwife Address Weiser Date 1-26-42

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Agnes (First name) Ball, (Last name), who attended this birth Jacob Waldrum (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Agnes Ball Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942.

(SEAL) John T. Gallagher Notary Public, residing at Weiser

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 6 1942 331407

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 6 1942

State File No. 331407
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. State St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Ida

4. FULL NAME OF CHILD Edward William Applegate

5. Date of Birth of Child (Month, day, year) Feb. 6, 1909

6. Sex Male

7. Twin or Triplet yes If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Owen Todd Applegate
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Weiser (City or town) Idaho (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Evelyn Sawtelle
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Eagleville, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for 33 years, and that Grandmother Verbeck (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Evelyn Applegate Signature

507 Chicago Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of February, 19 42

(SEAL) Emma E. Thomas Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464 103 037 386

331412

United States
Department of Commerce
Bureau of the Census

FEB 8 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331412
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Wickahoney
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 6 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Wickahoney
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Wickahoney, Ida.

4. FULL NAME OF CHILD Ralph David Dodge

5. Date of Birth of Child (Month, day, year) Feb 3rd 1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willis Cornelius Dodge
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Delaware Co., Iowa (City or town) (State or foreign country)
14. Exact Occupation Stock raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wida Wilda Thomas
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Portland, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of.....
County of.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Mrs Eva Hampton (First name) (Last name), who attended this birth X (~~Is now deceased~~) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Wida Wilda Dodge Signature

New Plymouth, Idaho P. O. Address

Subscribed and sworn to before me this 6 day of February 1942

(SEAL) Edith N. Church Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414 116-001-533

331425

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 7 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331425
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Meridian
(c) Street Address or R.F.D. No.: 2 At home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 5 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Meridian
(d) Street Address or R.F.D. No.: 2
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Ida

4. FULL NAME OF CHILD Ralph Henry Madden

5. Date of Birth of Child (Month, day, year) August 16, 1909

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Eugene Madden
11. Color or Race: White
12. Age at time of THIS birth: 37 yrs.
13. Birthplace: Davenport (City or town) Iowa (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business: Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Janet Ellison
17. Color or Race: White
18. Age at time of THIS birth: 36 yrs.
19. Birthplace: Mitchelville (City or town) Iowa (State or foreign country)
20. Exact Occupation: Housekeeping
21. Industry or Business: Farmer's wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living nine

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 32 years, and that Hannah Jane Bay (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Cora Madden — Signature
Meridian, Ida. — P. O. Address

Subscribed and sworn to before me this 7th day of Feb., 1942

(SEAL) Notary Public, residing at Boise Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by Mary ..., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133 201 001 993

FEB 4 1942

331461

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 708 Pueblo Street
(d) Name of Hospital of Maternity Home: —
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home — Days
In THIS county years 6 months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 708 Pueblo Street
(e) How long has MOTHER lived in Idaho? 6 mo yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Bele Wilhelmina Alloway

5. DATE OF BIRTH (Month, day, year) Nov 1-1909-

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full term

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jesse Franklin Alloways

11. Color or Race W

12. Age at time of THIS birth 30 yrs.

13. Birthplace Tunnelburg Mo-
(City or Town) (State or foreign country)

14. Exact Occupation Salesman-

15. Industry Business Golden Rule Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Estelle Elizabeth Rice

17. Color or Race W

18. Age at time of THIS birth 23 yrs.

19. Birthplace Virginia City Montana
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Agno 3

23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living I
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 10.30 A M. on the date and at the place stated above, and that personal particulars were furnished by Jesse Alloway (First name) (Last name), who is related to this child as Father (Mother, etc.)

FEB 5 1942

26. (a) (Date received) (b) Mabel Heeler (Registrar's signature)

25. Attendant's OWN signature John Brick M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 2-4-42

27. Given name added on by (Registrar's signature)

Send 1011 708 8th Street Mr Jesse Alloway-

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

249 112 029 763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331467
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years....months....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Moscow, Idaho

3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** James Michael Burch

5. Date of Birth (Month, day, year) Oct. 12, 1909

6. Sex male

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Van Burch
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Olewein, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Emma Potter
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace Smith Center, Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by self (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JAN 26 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ....by .... (Registrar's signature)

25. Attendant's **OWN** signature ....M.D. or .... (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of CLEARWATER } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ruth E. Burch, being first duly sworn, say that I am related (Related to (or) acquainted with) James Michael Burch (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. John Potter (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ruth E. Burch ....Name
Aksahka, Idaho ....P. O. Address

Subscribed and sworn to before me on this 23rd day of January, 1942.

(SEAL) [signature] ....Notary Public, residing at Orofino, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the [illegible] be recorded in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

268-122028 271

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331519
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City athol
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 8 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City athol
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) athol Idaho

4. FULL NAME OF CHILD Warren Alexander Bohn

5. Date of Birth of Child (Month, day, year) Oct. 22. 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William August Bohn
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Afton (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Augusta Spangenberg
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Woodbury (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr W.O. Norman (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Augusta Bohn Signature
Newman Lake Wn. P.O. Address

Subscribed and sworn to before me this 22 day of Jan, 1942
(SEAL) J. E. Thompson Notary Public, residing at Spokane Washington
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-105 006-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JAN 27 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331553
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Idaho
(c) Street Address or R.F.D. No. 9
(d) Name of Hospital or Maternity Home: at her own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bingham.
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 50 yrs.
(f) Mother's mailing address (For registration notice): Shelley Idaho Box 15.
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Shelley

4. FULL NAME OF CHILD Thomas Thomson Rowley.

5. Date of Birth (Month, day, year) Dec 5 1909

6. Sex male. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Royall James Rowley
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Midway Wasatch Co (City or Town) (State or foreign country)
14. Exact Occupation farmer. Utah.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Jones.
17. Color or Race white. 18. Age at time of THIS birth 24 yrs.
19. Birthplace Brighton Utah. (City or Town) (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 a M. on the date 5th Dec 1909
and at the place stated above, and that personal particulars were furnished by Mary Ann Rowley (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JAN 27 1942 (Date received) (b) Mary E Leifer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's OWN signature Josephine Newman (D.O., Midwife, etc.)
and address Rigby R 5 Idaho Date Jan 22 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 6 1942

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331588
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Fruitland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Fruitland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ronald Banks Syme

5. Date of Birth (Month, day, year) 9/9/1909

6. Sex X Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Crichton Syme
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Johannah Marie Ottesen
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Fountain Green, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silloid

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Crichton Syme (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 27 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address Payette, Idaho Date 12/9/41

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
JAN 29 1942 STATE OF IDAHO

State File No. 331602
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Cassia (b) City: Jackson
(c) Street Address or R.F.D. No.: 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Jackson
(d) Street address or R.F.D. No.: 1
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD HAROL EVERETT FRANKLIN

5. Date of Birth of Child (Month, day, year) April 22, 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leander H. Franklin
11. Color or Race
12. Age at time of THIS birth 25 yrs.
13. Birthplace Madison Co. North Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ella Rozett Hunt
17. Color or Race
18. Age at time of THIS birth 18 yrs.
19. Birthplace Richfield Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 36 years, and that Dr North (First name) (Last name), who attended this birth, can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ella Rozett Franklin Signature
Barstow California P. O. Address

Subscribed and sworn to before me this 17th day of January, 1942.

(SEAL) My commission expires [illegible] Notary Public, residing at Barstow Calif.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mark H. Lester, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331622
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. Boulevard
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham (now Bonneville)
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Boulevard
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Benjamin Lemuel Miller

5. Date of Birth of Child (Month, day, year) March 30 1906

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lemuel C. Miller
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Kirkwille, (City or town) Missouri (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hester Frances Lair
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Ultimore (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for ..... years, and that Mrs. Pendleton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Hester Frances Miller Signature

..... P. O. Address

Subscribed and sworn to before me this 24 day of January, 1942

(SEAL) Lynn Pittman Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by Mabel H. Geiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331639
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 5
(d) Name of Hospital or Maternity Home: At home on Ranch S of Boise.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 5
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address RFD 5

3. RESIDENCE of FATHER (city, state) Boise - Idaho

4. FULL NAME OF CHILD Thelma Sylvia Henley

5. Date of Birth (Month, day year) Nov 15 - 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Guy Henley
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Boise (City or town) Idaho. (State or foreign country)
14. Exact Occupation Laborer & Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Eliza Pierce
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace St Louis (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% argyrol sol.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead / (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 27 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [illegible] M.D. (D.O., Midwife, etc.)
and address Boise Id Date 1/14/42

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962 10-030-595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331671
Local Reg. No.
Reg. Dist. No.

JAN 30 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: on home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) 20 years

4. FULL NAME OF CHILD Malvin Adolph Roske

5. Date of Birth of Child (Month, day, year) Feb 7, 1909

6. Sex Male

7. Twin or Triplet If so—born (1st) 2nd, 3rd (born Feb 7th 1909)

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Herbert Roske
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Blue Earth (City or town) Minn (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Ethel Niemann
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Shoup (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living one.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Agnita Roske (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Ethel Roske Signature

P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942

(SEAL) John O. Pure Notary Public, residing at Bureau Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Montana.

My Commission expires August 6th, 1943.

Received for filing on JAN 30 1942 by Mark L. Peters, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-122-014-132

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331672
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Canyon (b) City: Payette
(c) Street Address or R.F.D. No.: -
(d) Name of Hospital or Maternity Home: in my home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 7 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Payette
(d) Street Address or R.F.D. No.: -
(e) How long has **MOTHER** lived in Idaho? About 22 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD Allen James Fern Johnson

5. Date of Birth of Child (Month, day, year) October 22, 1909

6. Sex: Male

7. Twin or Triplet: No — If so—born 1st, 2nd, 3rd: -

8. No. months of Pregnacy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME ELBERT ALLEN JOHNSON
11. Color or Race: White
12. Age at time of THIS birth: 22 yrs.
13. Birthplace: Pearidge, (City or town) Arkansas (State or foreign country)
14. Exact Occupation: Real Estate and Insurance
15. Industry or Business: Real Estate and Insurance

MOTHER OF CHILD

16. FULL MAIDEN NAME CORA ATKISSON
17. Color or Race: White
18. Age at time of THIS birth: 22 yrs.
19. Birthplace: Rogers, (City or town) Arkansas (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: -

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Do not know

23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of San Joaquin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. O. H. (First name) Avey (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Atkisson Johnson Hunting
Signature

605 South School St., Lodi, California
P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942

(SEAL) D. W. Dougherty Jr.
Notary Public, residing at Lodi, California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mabel F. Elefen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331 128 044 753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331685
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Cambridge, Ida.

4. FULL NAME OF CHILD Walden Frederick Clare

5. Date of Birth of Child (Month, day, year) Dec. 28, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Hiram Clare
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace Montgomery City, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie B. Anna Peterson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Missoula, Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Stevens } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the maternal aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 32 years, and that Dr. Charles Schmitz (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Smith. Signature
461 South Elm, Colville, Washington P. O. Address

Subscribed and sworn to before me this 28th day of January, 1942

(SEAL) Deum R. Brooks Notary Public, residing at Colville, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

534-122-036-789

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331695
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Oneida (b) City: Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 34 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Oneida
(c) City: Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Preston Idaho

4. FULL NAME OF CHILD Dell Boden Eldredge

5. Date of Birth of Child (Month, day, year) Oct 22. 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Horace Eldredge
11. Color or Race: White **12.** Age at time of THIS birth: 44 yrs.
13. Birthplace: American Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Amora Phillips
17. Color or Race: White **18.** Age at time of THIS birth: 34 yrs.
19. Birthplace: Clifton Idaho (City or town) (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for over 32 years, and that Allen R. Butler (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Harold Eldredge Signature
1812 East 64th ST Los Angeles Calif. P. O. Address

Subscribed and sworn to before me this 27 day of January, 1942
(SEAL) Clarence C. Berkheiser Notary Public, residing at 7111 Holmes Ave Los Angeles Calif.
My Commission Expires Nov. 22, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-119-009-394

331741

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Granite
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Granite
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD John Henry Beckham
5. Date of Birth (Month, day year) 1 - 19 -1909
6. Sex Mail
7. Twin or Triplet Single If so—born 1st, 2nd, 3rd Nil Nil
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** James Henry Beckham
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Vandila Ill (City or town) X (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Laura Trueblood
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Vansburensburg, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by Laura Beckham (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 30 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, laura Beckham being first duly sworn, say that I am ~~Related to~~ (Related to (or) acquainted with) ~~xLaurax Beckham~~ John henry Beckham (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hanson (Name of attendant at birth), who attended said birth Now deceased (Is now deceased (or) cannot be located) and that ~~this birth~~ **has not been previously recorded.**

Laura Beckham Signature
725 E 2nd Av., Spokane, Wash. P. O. Address

Subscribed and sworn to before me on this 29th day of January 1942
(SEAL) [signature] Notary Public, residing at Spokane, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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466-121-042-319

United States
Department of Commerce
Bureau of the Census

JAN 29 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331750
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 347-2nd Ave. W.
(d) Name of Hospital or Maternity Home: Born on our home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 347-2nd Ave. W.
(e) How long has **MOTHER** lived in Idaho? About 13 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD Lorris William Moomaw

5. Date of Birth of Child (Month, day, year) Nov. 21, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William A. Moomaw
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Meridan (City or town) Kansas (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Carl
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Orange } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that Dr. J. R. Morgan (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William A. Moomaw Signature
711 W. Myrtle St. Santa Ana, Cal. P. O. Address

Subscribed and sworn to before me this 24 day of January, 1942

(SEAL) [illegible] Notary Public, residing at Santa Ana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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331-103-022-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331768
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby Fremont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Donald Hyrum Clark

5. Date of Birth of Child (Month, day, year) May 3rd 1907

6. Sex M.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Israel Hyrum Clark
11. Color or Race W
12. Age at time of THIS birth 38 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rhoda Irene Donaldson
17. Color or Race W
18. Age at time of THIS birth 35 yrs.
19. Birthplace Menan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that Margaret Clark (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rhoda Clark
Signature

Teton, Idaho
P. O. Address

Subscribed and sworn to before me this 31st day of January, 1942.

(SEAL) Ralph Litton, Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by Mabel Helfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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792-117-001-267 331773

FEB 9 1942

331773

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1619 Brumback
(d) Name of Hospital of Maternity Home: —
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county 10 years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1619 Brumback
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Howard Bogard Pike

5. DATE OF BIRTH (Month, day, year) Feb. 17-1909

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Curtis F Pike

11. Color or Race W

12. Age at time of THIS birth 39 yrs.

13. Birthplace Madison County Ill
(City or Town) (State or foreign country)

14. Exact Occupation Assayor in charge

15. Industry Business U.S. Assay office.

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret E. Bogard

17. Color or Race W

18. Age at time of THIS birth 36 yrs.

19. Birthplace Chariton Co. Mo.
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Ag Nog Sol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 4.10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Margaret E. Pike (First name) (Last name), who is related to this child as Mother (Mother, etc.)

FEB 9 1942

26. (a) ..... (Date received) (b) Maud E. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature John Beck M.D. (D.O., Midwife, etc.)
and address Boise Ida Date 2-9-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

FEB 9 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

454-221-014-214 331786

331786

United States
Department of Commerce
Bureau of the Census

FEB 9 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City EMMETT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD MARY LUELLEN DE MASTERS

5. Date of Birth of Child (Month, day, year) MAY 21, 1909

6. Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOSEPH BENJAMIN DEMASTERS
11. Color or Race W **12.** Age at time of THIS birth 22 yrs.
13. Birthplace NERR HEPPNER (City or town) OREGON (State or foreign country)
14. Exact Occupation LIVERY STABLE OWNER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME NELLIE FLORA BADLEY
17. Color or Race W **18.** Age at time of THIS birth 21 yrs.
19. Birthplace SWEET, (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Beulah O Clark M.D. Midwife Address Idaho Falls Date 2-9-42

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that BO. CLARK (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie De Masters Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 30th day of January, 1947

(SEAL) Thos. Greenwood Notary Public residing at Emmett Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

134105040-395

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Mullan
No. ..... St.
(If born in hospital or institution give name.)

FEB 2 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

331828

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Walter Carl Almquist

3. Sex Boy | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term yes | 7. Legitimate? yes | 8. Date of birth Jan 5, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Gust Almquist	18. Full maiden name Mina Lindgreen
10. Residence (usual place of abode) (If non-resident, give place and State) Mullan Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Mullan Ida.
11. Color or race W	12. Age at last birthday 26 (years)
20. Color or race W	21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Sweden	22. Birthplace (city or place) (State or Country) Sweden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Quartz Millman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Jan 1909	17. Total time (years) spent in this work 3 yr
25. Date (month and year) last engaged in this work Jan 1909	26. Total time (years) spent in this work 3 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ..... months or weeks — | 30. Cause of stillbirth — Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 6 a m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F. W. Rolfs, M. D.
or ....., Midwife
Address Mullan Idaho

Give name added from a supplemental report .....
(Date of)

Filed FEB 2 1942 193 Jan 17 1942 Mabel Teeter
Registrar.

Registrar.

819 219 022 632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 2 1942

State File No. 331838
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 36 years 4 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Rebecca LaVaun Elizabeth Harmison

5. Date of Birth of Child (Month, day, year) Jan. 19-1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph James Harmison
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catrie Elizabeth Olsen
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child [redacted] (b) Born alive and n[redacted]

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(Born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Utah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 33 years, and that Leonard Elizabeth Elliott (First name) Jamie Elliott (Last name), who attended this birth 1 Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leila F. Palmer ....Signature
Springville Utah ....P. O. Address

Subscribed and sworn to before me this 21 day of Jan, 1941

(SEAL) R. C. Tuckett ....Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mary E. Leiper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

JUN 6 1972

REGISTRATION LAW

aws, Chapter 139, Section 4)

ld born prior to the effective date of
ws, has not been recorded, or in case of
which has occurred subsequent to such
eived and filed by the local registrar for
al Statistics for the purposes and uses
le 38, Idaho Code Annotated, when such
report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

336-131 042-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 6 1942

State File No. 331845
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home:
Private Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No. Gen. Deliverly
(e) How long has **MOTHER** lived in Idaho? 6 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Kimberly Ida.

4. FULL NAME OF CHILD Boyd Elias Cloward

5. Date of Birth of Child (Month, day, year) 12-31-1909.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9Mo.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Orson Cloward
11. Color or Race White.
12. Age at time of THIS birth 23. yrs.
13. Birthplace Salem (City or town) Utah. (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minia Orton.
17. Color or Race White.
18. Age at time of THIS birth 19. yrs.
19. Birthplace Fairview (City or town) Utah. (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child I. (b) Born alive and now living I.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Colorado
County of Rio Blanco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that W. A. Clowcheck (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orson Cloward — Signature
Rangely, Colorado — P. O. Address

Subscribed and sworn to before me this 31 day of January, 1942

(SEAL) Fred A. Nichols — Notary Public, residing at Rangely, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

654117-040168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 2 1942

State File No. 331891
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wendell
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ~~years~~ 3 months ~~days~~

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wendell
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 3 mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Wendell, Idaho

4. FULL NAME OF CHILD Wallace Robert Wedhoff

5. Date of Birth of Child (Month, day, year) 6-17-09

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred Henry Wedhoff
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Bay City (City or town) Michigan (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber Shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Johnson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Illinois
County of Cook } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 32 years, and that Mrs Schreuthorn (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alfred H. Wedhoff Signature
7-W-Pearson St P. O. Address

Subscribed and Sworn to before me this 31st day of January, 1942
(SEAL) Martha Muhlenfeld Notary Public, residing at Chicago, Ill.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mark H. Gedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-130-010-767

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 1 1941

State File No. 331907
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Irwin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 10 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Irwin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.
(f) Mother's mailing address Irwin, Ida.

3. RESIDENCE of FATHER (city, state) Irwin, Ida.

4. FULL NAME OF CHILD Harvey Linville

5. Date of Birth (Month, day year) 8/30/1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? No

FATHER OF CHILD

10. **FULL NAME** Elijah Wilson Linville
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Kernersville, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Pope
17. Color or Race White
18. Age at time of THIS birth 15 yrs.
19. Birthplace Kernersville, North Carolina (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) 8:00 AM. on the date and at the place stated above, and that personal particulars were furnished by Mary Ann Linville Martin (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 1 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name RECEIVED on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Ann Linville Martin, being first duly sworn, say that I am related (Related to (or) acquainted with) to Harvey Linville (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that LAURA WEEKS (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Ann Linville Martin Signature
115 Blaine St Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of September 1941

(SEAL) Ell Dirks Notary Public, residing at Idaho Falls Idaho

My Commission Expires July 6-1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434120023439 331949

331949

United States Department of Commerce Bureau of the Census — FEB 11 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Gem (b) City: Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Owyhee
(c) City: Oreana
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Oreana, Ida

4. FULL NAME OF CHILD Edward Joseph McMahon

5. Date of Birth of Child (Month, day, year) March 20, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Patrick Joseph McMahon
11. Color or Race: white
12. Age at time of THIS birth: 24 yrs.
13. Birthplace: Silver City (City or town) Idaho (State or foreign country)
14. Exact Occupation: Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Norine Hyde Ulrich
17. Color or Race: white
18. Age at time of THIS birth: 18 yrs.
19. Birthplace: Oreana (City or town) Idaho (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person since his birth, and that Dr. Green (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Norine Baker — Signature
Dietrich, Idaho. — P. O. Address

Subscribed and sworn to before me this 9th day of February, 1942.

(SEAL) Ross B. Haddock — Notary Public, residing at Shoshone, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

542-22-9014-295 331967

United States
Department of Commerce
Bureau of the Census FEB 13 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331967
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idah

4. FULL NAME OF CHILD Helen Susie Eubanks

5. Date of Birth of Child (Month, day, year) Mar. 29, 1909

6. Sex f

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Thomas Eubanks
11. Color or Race W
12. Age at time of THIS birth 34 yrs.
13. Birthplace Madison County, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Supervisor
15. Industry or Business Nampa Highway District

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Viola King
17. Color or Race W
18. Age at time of THIS birth 31 yrs.
19. Birthplace Barry County, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Dr. Payne (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie Viola Eubanks Signature

Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of Feb., 19 42

(SEAL) Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 2 1942

CERTIFICATE OF BIRTH

332002

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Idaho
City of Grangeville
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Earl Arthur Lieske

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? Yes

8. Date of birth Sept. 19, 1909 (Month, Day, Year)

FATHER

9. Full name William Lieske

10. Residence (usual place of abode) (If non-resident, give place and State) Grangeville

11. Color or race White | 12. Age at last birthday 45 (years)

13. Birthplace (city or place) ~~Grangeville, Idaho~~ (State or Country) Minettenruh, Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Ida Schwanke

19. Residence (usual place of abode) (If non-resident, give place and State) Grangeville

20. Color or race White | 21. Age at last birthday 37 (years)

22. Birthplace (city or place) ~~Grangeville~~ Near Fond Du Lac (State or Country) Wisconsin

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housekeeping

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 2

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 1 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., ~~Midwife~~ Father

Address Fort Shaw, Mont.

Give name added from a supplemental report .....

(Date of) .....

Filed FEB 2 1942, 193.... Mabel Kelley

Registrar. Registrar.

395 119 025-238

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Montana
County of Cascade } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William Lieske being first duly sworn says that he is the father (Relationship of child)* of Earl Arthur Lieske born Sept. 19, 1909 (Date of birth) at Grangeville, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Earl Arthur Lieske hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Stockton, M. D., ~~Midwife~~ was the medical attendant at the birth of said Earl Arthur Lieske and that the said medical attendant is diseased (Now deceased (or) cannot be located)

Name of Affiant William Lieske

P. O. Address Fort Shaw, Montana

Subscribed and sworn to before me this 31 day of January, 194[illegible]

A. R. Hanson
Notary Public

Residing at Fort Shaw, Montana, ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, **NOTE:** Note that that in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOTARY PUBLIC for the State of Montana
Residing at Fort Shaw, Montana
My Commission Expires March 5, 1944

419 120001188

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332005
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 5 (South Boise)
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 5 (South Boise)
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Clifford Cecil Martin

5. Date of Birth of Child (Month, day, year) Feb. 20, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Cecil Martin
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Lincoln (City or town) Missouri (State or foreign country)
14. Exact Occupation Elevator Conductor
15. Industry or Business Federal Building - Boise Idaho

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Marie Johnson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Park City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 1% sol.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Cecil Martin husband (First name) (Last name), who is related to this child as father's wife (Mother, etc.)

25. Attendant's **OWN** signature John Boeck M.D. Midwife Address Boise Ida Date 2-7-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mabel Hellers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-130 022843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332034
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Jefferson~~ Fremont (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Delivery
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Jefferson~~ Fremont
(c) City Roberts, Rte. Market Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Clifton Wayne McLaughlin

5. Date of Birth of Child (Month, day, year) 6-30-1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Wesley McLaughlin
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Ruthven (City or town) Iowa (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lula Hutchens
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Cassville (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Gallatin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for all his life years, and that Dr. (First name) Smith (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lulu McLaughlin Moses Signature
402 So. Bozeman, Bozeman, Montana P. O. Address

Subscribed and sworn to before me this 30th day of January, 1942.
(SEAL) F. C. Weete Notary Public, residing at Bozeman, Montana
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by Mark Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 105044813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No. 332046
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 1 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lewis Hall Thompson

5. Date of Birth of Child (Month, day, year) July 5, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mack Thompson
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Pile (City or town) Illinois (State or foreign country)
14. Exact Occupation Miner also
15. Industry or Business operated Restaurant & Butcher Shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Jane Hall
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Utah (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for all his life years, and that Dr. Martin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ruby Jane Hall Thompson — Signature
712 N Street, Lewiston, Idaho. — P. O. Address

Subscribed and sworn to before me this 7th day of February, 1942
(SEAL) [signature] Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

844 207 006 · 336

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332061
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (Bingham) Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 14th Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County (Bingham) Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 14th ST.
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD MARCELLA HUMPHREY [redacted]

5. Date of Birth of Child (Month, day, year) 4/7/09

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME BOYCE JOHN HUMPHREY
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace OHIO (City or town) (State or foreign country)
14. Exact Occupation BARTENDER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY ELNOR CLOWARD
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace Casteldale (City or town) Utah (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that Dr. (First name) Bridgers (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elnor Humphrey Van Hart Signature
1272 - W 3RD ST. SAN PEDRO, CALIF. P. O. Address

Subscribed and sworn to before me this 27th day of DECEMBER, 19 41
(SEAL) N. E. Jenkins Notary Public, residing at San Pedro, Calif.
My Commission Expires Sept. 15, 1943.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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296-224-003-468

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332076
Local Reg. No.
Reg. Dist. No.

FEB 4 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 5th St
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 5th St
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD Doris Gertrude Brock

5. Date of Birth of Child (Month, day, year) Oct 2 1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert B Brock
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Harlan (City or town) Ky (State or foreign country)
14. Exact Occupation Railway Mail Service
15. Industry or Business Clerk

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Gertrude Mayes
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Pleasant (City or town) Tenn (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that Annie Byrd (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert B Brock Signature
Toledo O. P.O. Address

Subscribed and sworn to before me this 30th day of January, 1942
(SEAL) J. M. Lewis Notary Public, residing at Toledo O.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-129 014-692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332083
Local Reg. No.
Reg. Dist. No.
FEB 9 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. General Del.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD Raymond Douglas Barber

5. Date of Birth of Child (Month, day, year) Jan. 29, 1909

6. Sex male
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd 2nd
8. No. months of Pregnacy nine
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herman Barber
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Westerly, (City or town) Rhode Island (State or foreign country)
14. Exact Occupation Orchadist
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Melana Wiseman Barber
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Irving, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person ~~for~~ since birth ~~years~~, and that Dr. (First name) Myers (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Melana Wiseman Barber Signature
514 Post St., Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 6th day of February, 1942
(SEAL) [signature] Notary Public, residing at Salt Lake City, Ut.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-211 035-638

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332090
Local Reg. No.
Reg. Dist. No.

Nonpareil JAN 29 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Lewis~~ (b) City Old Winchester
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State ~~Winchester~~ (b) County ~~Lewis~~
(c) City Winchester Nonpareil
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Winchester, Ida.

4. FULL NAME OF CHILD Mona Dorothy Kaline

5. Date of Birth of Child (Month, day, year) July 11 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Axel Kaline
11. Color or Race Anglo Saxon
12. Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) Sweden (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Emily Ochsner
17. Color or Race Anglo-Saxon
18. Age at time of THIS birth 33 yrs.
19. Birthplace (City or town) Minnesota (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Dr. Edward Burke (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Kaline Signature
Winchester, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of January, 1942.
(SEAL) [illegible] Notary Public, residing at Winchester, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 129 036852

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 10 1942

State File No. 332094
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Parents own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? born there yrs.

3. RESIDENCE OF FATHER (city, state) Preston, Ida.

4. FULL NAME OF CHILD Arland Alvin Larsen

5. Date of Birth of Child (Month, day, year) Nov. 29, 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Larse Christian Larsen Jr.
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Logan, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ann Hebdon
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Paris (City or town) Idaho (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by [redacted] (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 32 years, and that Dr. Allen Cutler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L. C. Larson Jr. Signature

Preston, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of February, 1942.

(SEAL) Jen B. Johnson Notary Public, residing at Preston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by Mabel Hess, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

892-222029-285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

332100

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Viola
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow Viola
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Viola, Idaho
3. **RESIDENCE OF FATHER** (city, state) Viola, Idaho

4. **FULL NAME OF CHILD** Pearl Hisel
5. Date of Birth (Month, day, year) April 22, 1909
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Herbert Hisel
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Clay county, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mae Tina Byers.
17. Color or Race white
18. Age at time of THIS birth 21 years
19. Birthplace Ollie, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 7:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mae Hisel (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 4 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mae Hisel, being first duly sworn, say that I am related to (Related to (or) acquainted with) Pearl Hisel (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Marge Byers (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mae Hisel ..... Name
303 N. Main, Moscow Ida ..... P. O. Address

Subscribed and sworn to before me on this 2nd day of February, 1942.

(SEAL) [signature] Notary Public, residing at Moscow, Ida.
Comm Expires Jan 19, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-102 1022-355

United States
Department of Commerce
Bureau of the Census — Fremont

(Be sure the information is as of date of birth of THIS child)

State File No. 332109
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 10 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: ~~Madison~~ (b) City: Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: ~~Madison~~ Fremont
(c) City: Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idaho

4. FULL NAME OF CHILD CHARLES WOHLGEMUTH WIELAND

5. Date of Birth of Child (Month, day, year) May 2, 1909

6. Sex: male
7. Twin or Triplet: single — If so—born 1st, 2nd, 3rd: 3rd
8. No. months of Pregnacy: 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JULIUS WOHLGEMUTH
11. Color or Race: white
12. Age at time of THIS birth: 37 yrs.
13. Birthplace: Hamburg, (City or town) Germany (State or foreign country)
14. Exact Occupation: painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Lenkeit
17. Color or Race: white
18. Age at time of THIS birth: 27 yrs.
19. Birthplace: Tuppen, (City or town) Germany (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by self (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature: deceased — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for lifetime years, and that Mrs. Pieper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Wohlgemuth Wieland — Signature
700 N.E. Main St. Blackfoot, Idaho — P. O. Address

Subscribed and sworn to before me this 7th day of February, 1942

(SEAL) Chas. N. Cory — Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by Mark Hofer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 556-212-032-659

332128

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 16 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. none
IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Shoshone, Idaho

3. RESIDENCE of FATHER (city, state) Shoshone, Ida

4. FULL NAME OF CHILD Nina Kelso Newman

5. Date of Birth (Month, day year) 6/12/09

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James William Newman
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Belton (City or town) Texas (State or foreign country)
14. Exact Occupation Sheep raiser
15. Industry or Business sheep man

MOTHER OF CHILD

16. FULL MAIDEN NAME Rachel Ferguson ~~Newman~~
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 5%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3 9 M. on the date and at the place stated above, and that personal particulars were furnished by Rachel Newman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 16 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature [illegible] M.D. (D.O., Midwife, etc.)
and address Shoshone Date 11/18/41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature
P. O. Address

Subscribed and sworn to before me on this day of , 19
(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-113-032-319

332141

United States
Department of Commerce
Bureau of the Census Lincoln

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 11 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Minidoka~~ (b) City Rupert
(c) Street Address or R.F.D. No. country RD #1.
(d) Name of Hospital or Maternity Home:
On ranch miles North of Rupert.
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 12 years 0 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Minidoka~~ Lincoln
(c) City Rupert
(d) Street Address or R.F.D. No. R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Idaho

4. FULL NAME OF CHILD Robert Lorin Christean

5. Date of Birth of Child (Month, day, year) 1-13-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lorin Percival Christean
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Loveland, Colo. Larimer Co. (City or town) (State or foreign country)
14. Exact Occupation RFD Carrier & Farmer.
15. Industry or Business Same.

MOTHER OF CHILD

16. FULL MAIDEN NAME Elna Larson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Minidoka, Idaho (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business Same. Farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that Dr. (First name) Kanagy (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JULY 31, 1942

Elna Millsap ..... Signature
Medford, Oregon ..... P. O. Address

Subscribed and sworn to before me this 10th day of February, 19 42.

(SEAL) C. C. Pierce ..... Notary Public residing at Medford, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mabel Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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389-109-044-364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332146
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: our home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 1 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Cambridge Ida

4. FULL NAME OF CHILD Amos Robert Thrall

5. Date of Birth of Child (Month, day, year) Sept 9, 1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur Adelbert Thrall
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Pottersville (City or town) Mich (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Alice Combs
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Midvale (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by Armenta Alice Thrall (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Faschmidt M.D. ~~Midwife~~ Address Wiser-Id Date 2-4-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by Mabel K. Felger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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813-216-006-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 332166
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Moreland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Utah (b) County Cache
(c) City Paradise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) moreland Ida.

4. FULL NAME OF CHILD Grace Juanita Hatch

5. Date of Birth of Child (Month, day, year) June 16 - 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eliga Ransom Hatch
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Neeley ville (City or town) Idaho (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business and farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Elizabeth Smith
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Paradise (City or town) Cache Co. Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Grand Mother (Mother, etc.)

25. Attendant's **OWN** signature Mary A Hatch ~~M.D.~~ Midwife Address Moreland Idaho Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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769-104-007-385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332174
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Blaine (b) City: Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Blaine
(c) City: Moore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD adrian Cherry porritt

5. Date of Birth of Child (Month, day, year) July 4, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Hampton Porritt
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Retired

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Janeth Cherry
17. Color or Race
18. Age at time of THIS birth 33 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for (Like) 32 years, and that Mustafa Hagen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 138, 1937 Session Laws.

Thomas Hampton Porritt ..... Signature
202 Denver ST Boise Idaho ..... P. O. Address

Subscribed and sworn to before me this 14th day of July, 1942.
(SEAL) Kenneth O'Leary ..... Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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667-121-033-144 332206

United States
Department of Commerce
Bureau of the Census

FEB 16 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332206
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Salem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Salem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lorin Russell Fogg

5. Date of Birth of Child (Month, day, year) Aug. 21, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Fogg
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Smithfield (City or town) Utah (State or foreign country)
14. Exact Occupation Sawyer
15. Industry or Business Saw Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Merilla Judy
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 37 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Merilla Judy Fogg Signature
P. O. Address

Subscribed and sworn to before me this 16th day of February, 19 42
(SEAL) Marion E. Ow Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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457-126-231-622

332228

United States Department of Commerce Bureau of Census

FEB 17 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 332228
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lewis (b) City Ilo now Craigmont
(c) Street Address or R.F.D.No. None
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Ilo Now Craigmont
(d) Street Address or R.F.D.No. None
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Ilo Idaho

3. RESIDENCE of FATHER (city, state) Ilo, Idaho

4. FULL NAME OF CHILD Lloyd Oren Megenity

5. Date of Birth (Month, day year) Sept 26, 1909

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samual Megenity
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Texas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Osburn
17. Color or Race White 18. Age at time of THIS birth 22 yrs
19. Birthplace Winterset Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) FEB 17 1942 (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho, County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucinda R. Jackson, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Lloyd Oren Megenity (Name of person on certificate above) as a neighbor & aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ele Reed (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lucinda R. Jackson Signature

Craigmont, Idaho P. O. Address

Subscribed and sworn to before me on this 13th day of February, 1942

(SEAL) F. R. Dunwell Notary Public, residing at Craigmont, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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843-122-040-819

1. PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

(If born in hospital or institution give name)

FEB 11 1942

DEC 22 1911

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 332238

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Herbert Hutchinson

3. Sex Male

If plural births { 4. Twin, triplet, or other single
5. Number, in order of birth .....

6. ~~Premature~~ Full term yes

7. Legitimate? yes

8. Date of birth April 27, 1909 (Month, Day, Year)

FATHER

9. Full name Edward Hutchinson

10. Residence (usual place of abode) (If non-resident, give place and State) Mullan Ida

11. Color or race white | 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Mus England

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining

16. Date (month and year) last engaged in this work April, 1918

17. Total time (years) spent in this work 25 yrs.

MOTHER

18. Full maiden name Mary Tarn

19. Residence (usual place of abode) (If non-resident, give place and State) Mullan Ida.

20. Color or race White | 21. Age at last birthday 40 (years)

22. Birthplace (city or place) (State or Country) England

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Household

25. Date (month and year) last engaged in this work April, 1930

26. Total time (years) spent in this work 39 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argerol 10%

28. Number of children of this mother (At time of this birth and including this child)
Two
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn —

29. If stillborn, period of gestation — { months or weeks

30. Cause of Stillbirth — { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9 00 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F W Ralph, M. D.

or ....., Midwife

Address Mullan Ida

Give name added from a supplemental report DEC 22 1911 (Date of)

Filed FEB 11 1942, 193.. Mabel F Ralph Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

212-201-025-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332274
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Geo. Benj. Baker
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville, Ida.

4. FULL NAME OF CHILD Muriel Lucille Browning Baker

5. Date of Birth of Child (Month, day, year) July 1st 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Benjamin Baker
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Clinton, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian May Shadduck
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Clinton, (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above and that personal particulars were furnished by Geo. (First name) Benj. (Last name) Baker, who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Dr. (First name) G.S. (Last name) Stockton, who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Benjamin Baker Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942

(SEAL) J. Ben Lucas Notary Public, residing at Grangeville, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-119-022-431

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No. 332392
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home in Teton
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 19 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Teton City, Ida.

4. FULL NAME OF CHILD Lloyd Mack Howard

5. Date of Birth of Child (Month, day, year) Nov. 19, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ira Olando Howard
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Teton (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sylvia McArthur
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Mt Pleasant (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 51 years of age, that I have known this person for 39 years, and that Dr Shupe (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ira Stanton Howard — Signature
Newdale Ida — P. O. Address

Subscribed and sworn to before me this 2 day of Feb, 1942
(SEAL) Thusa F. Hawkins — Notary Public, residing at Newdale Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-124-036-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No. 332409
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Oneida (b) City: Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Oneida
(c) City: Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Ashton Jones

5. Date of Birth of Child (Month, day, year) June 24, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Frank Jones
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Grant Co. Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Vivian Crosier
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Mecosta (City or town) Mich. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that MARY BAWLING BROOK (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. James T. Jones Signature
Rt 2 Box 864 Kent Wash P. O. Address

Subscribed and sworn to before me this 9 day of February, 1942
(SEAL) Earl L. Worth Notary Public, residing at Kent
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by Maud Heeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

585-208-014-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 6 1942

State File No. 332422
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 1 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD HELEN LUCILLE EHFE

5. Date of Birth of Child (Month, day, year) August 8, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Detlaf Ehfe
11. Color or Race White
12. Age at time of THIS birth 57 yrs.
13. Birthplace Rudensee, Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannchen Jensen
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Wattluke, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 32 years, and that neighbor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannchen Ehfe Mother Signature
3525 Lynwood Road, Lynwood, Calif. P. O. Address

Subscribed and sworn to before me this 2 day of February, 19 42

(SEAL) Jeanette Cavanaugh Notary Public, residing at Lynwood, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by Mabel Hughes, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-213-261-265

332473

United States
Department of Commerce
Bureau of the Census

FEB 17 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332473
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 305 S. 4th. St.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 305 S. 4th. St.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Doris Lorraine Marshall

5. Date of Birth of Child (Month, day, year) 12-13-09

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert Lobengier Marshall
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Lawrence, Kansas (City or town) (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business Farm produce

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Ann Kennedy
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Karney, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that Dr. Bowers (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herbert Lobengier Marshall Signature

Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of February, 1942

(SEAL) Alice H. Darling Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-103-001-915 FEB 18 1942 332495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332495
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Ustick
(c) Street Address or R.F.D. No. Boise Rt. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 4 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Ustick
(d) Street Address or R.F.D. No. Boise Rt. #2
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vernon Ransom Waits

5. Date of Birth of Child (Month, day, year) Feb. 3 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Ralph Waits
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Whiteside County Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Louise Ransom
17. Color or Race
18. Age at time of THIS birth 27 yrs.
19. Birthplace Carroll City Iowa (City or town) (State or foreign country)
20. Exact Occupation Farm Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Dr. (First name) Bowers (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Waits Signature
R#1, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of February, 1942
(SEAL) Margaret Clark Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Maurel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

792-225-003-433 332498

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

State File No. 332498
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Iva Lue Gibbs

5. Date of Birth of Child (Month, day, year) October 25, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Chester Gibbs
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Lago (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara McClellan
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Benjamin (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Mrs. Stoddard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara M. Gibbs Signature
1516½ S. Menlo Ave., Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 7 day of Feb., 1942
(SEAL) L. Hamby Notary Public, residing at Los Angeles
My Commission Expires December 1, 1942
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Maurine F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355 219 C32-965

332502

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 9 1942

State File No. 332502
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Gooding, Ida.

4. FULL NAME OF CHILD Margruerite Jewel Lenker

5. Date of Birth of Child (Month, day, year) April 19, 1909

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Franklin Lenker
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Beattie (City or town) Kansas (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business School Teacher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Zweifel
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Steele City, Neb. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% sol. Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 9:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Anna Z Lenker (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature No attendant M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Z Lenker Signature
P. O. Address

Subscribed and sworn to before me this 5th day of February, 1942

(SEAL) M J Gym Notary Public, residing at Gooding Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 9 1942 by Mary J Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-112-014-238

332507

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: Nov. Gem
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county 9 years 9 months - days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Ida (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 70 yrs.
(f) Mother's mailing address (For registration notice): Emmett
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Emmett Ida

4. FULL NAME OF CHILD Alvin Roy Schrecongost

5. DATE OF BIRTH (Month, day, year) 1909 - Aug 12

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 6

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Anderson Schrecongost

11. Color or Race White

12. Age at time of THIS birth 55 yrs.

13. Birthplace Bryan (City or Town) Penn (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Schmable

17. Color or Race White

18. Age at time of THIS birth 41 yrs.

19. Birthplace Cadsburg (City or Town) Ill. (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Anna R Schreongost (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature J. C. Reynolds M.D. (D.O., Midwife, etc.)
and address Emmett Date 2-6-42

26. (a) 2-9-42 (Date received) (b) J. C. Reynolds (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

BAS 710 029-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 14 1942

State File No. 332534
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. RFD 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) MOSCOW IDA.

4. FULL NAME OF CHILD ERNIE MILFORD FLEIGER

5. Date of Birth of Child (Month, day, year) FEB 10, 1909

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES FLEIGER
11. Color or Race WHITE
12. Age at time of THIS birth yrs.
13. Birthplace UNITED STATES (City) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA MATILDA CARLSON
17. Color or Race WHITE
18. Age at time of THIS birth yrs.
19. Birthplace UNITED STATES (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Mr. Thena Tyrell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis C. Fliegel Signature
206 S. Hayes - Moscow Idaho P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942
(SEAL) E. J. Thompson Notary Public, residing at Moscow Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Mabel Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-113-042553

332537

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Buhl

4. FULL NAME OF CHILD Kenneth Marion Robison

5. Date of Birth of Child (Month, day, year) March 13, 1909

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Cecil Robison
11. Color or Race American
12. Age at time of THIS birth 34 yrs.
13. Birthplace Boise (City or town) Illinois (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucinda Agnes Nietzly
17. Color or Race American
18. Age at time of THIS birth 33 yrs.
19. Birthplace Near Naperville (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Okanogan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Dr. McCluskey (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucinda Agnes Robison Signature

P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1942.

(SEAL) J. Cantrell Notary Public, residing at Omak

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mary Wheeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533128025-413

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho

City of Gellonwood

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 16 1942

CERTIFICATE OF BIRTH

332558

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Everett Clair Eller

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth March 28, 1909 (Month, Day, Year)

FATHER

9. Full name William Hendrex Eller

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. [illegible] 12. Age at last birthday [illegible] years

13. [illegible] (State or Country), [illegible] Missouri

14. [illegible] profession, or particular kind of work done, as farmer, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own home

16. Date (month and year) last engaged in this work ....., 1940

17. Total time (years) spent in this work Lifetime

MOTHER

18. Full maiden name Pansy Lulu Mathewson

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race white | 21. Age at last birthday [illegible] (years)

22. Birthplace (city or place) (State or Country) Gellwood Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work ....., 1940

26. Total time (years) spent in this work Lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% argyrol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn .....

Two

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 7 a.m. on the date above stated.
(Born Alive or Stillborn)

If there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

(Signed) J. D. Hinnah, M. D.

or ..... Midwife

Address Grangeville Idaho

Filed FEB 16 1942, 193 [illegible] Registrar.

Registrar

STATE OF IDAHO)
COUNTY OF SHOSHONE) ss

MAR

I, WM. H. ELLER, being first duly sworn, say that I am related to EVERETT CLAIR ELLER, as FATHER, whose birth certificate data appears on reverse side of this Certificate of Birth form, and that he desires to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge.

I further state that Dr. T. D. Shininch who attended said birth is now living at Grangeville Idaho, and has signed this certificate on reverse side.

SUBSCRIBED and sworn to before me this 12 day of [illegible]

Mary M. Stout

Notary public, in and for the State of Idaho, residing at Kellogg.
Commission expires July 30, 1945.

818 230 022-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 7 1942

State File No. 332571
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City MENAN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City MENAN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LYDIA, ELIZABETH, HAY

5. Date of Birth of Child (Month, day, year) OCT. 30-1909

6. Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN HAY
11. Color or Race WHITE
12. Age at time of THIS birth 21 yrs.
13. Birthplace OGDEN (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LYDIA, PRIEST, STODDARD.
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace HOOPER (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Solano } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 22 years, and that Mrs Rowson (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Hay Signature
630 Yorke St Vallejo P. O. Address

Subscribed and sworn to before me this 1st day of February, 1942

(SEAL) William F. Corbett Notary Public, residing at Vallejo Solano Co. Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-125 036-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No. 332582
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Samaria Ida

4. FULL NAME OF CHILD William Jenkins Evans

5. Date of Birth of Child (Month, day, year) July 25, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Bowen Evans
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Brigham (City or town) Utah (State or foreign country)
14. Exact Occupation Sheepherder
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jenkins
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Samaria (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as grandmother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 32 years, and that Mary Ann Rees (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary W. Jenkins Signature
Samaria Idaho P. O. Address

Subscribed and sworn to before me this 14th day of February, 1942
(SEAL) J. E. Clay Notary Public, residing at Malad Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

665-117006 363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332611
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Iona, Idaho

4. FULL NAME OF CHILD Cadwallader Locks Owens.

5. Date of Birth of Child (Month, day, year) Jan. 17, 1909

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 7 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Thomas Owens
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Hyrum, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer and Stockman
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Delia Alvina Locks.
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Vernal, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Homemaking.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 33 years, and that Rozanna Denning (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Owens Signature
Iona Idaho P. O. Address

Subscribed and sworn to before me this 12 day of Feb, 1942.
(SEAL) Eugene Olsen Notary Public, residing at Iona Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mark Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2-55-107 042.434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 16 1942
STATE OF IDAHO

State File No. 332629
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin-Falls (b) City Kimberley
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin-Falls
(c) City Kimberley
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Twin-Falls Idaho

4. FULL NAME OF CHILD Harold Edward Kennison

5. Date of Birth of Child (Month, day, year) May 7, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Richard Kennison
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Claycenter, (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Eugene McDonald
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Bakerfield, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born-alive (Born alive, stillborn) at 9:45 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Emma Kennison (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Dr. Shaddy (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma Kennison Signature

P. O. Address

Subscribed and sworn to before me this 14 day of Feb, 1942

(SEAL) John Hansen Notary Public, residing at Grandview Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-200 040-897

332644

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Gem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Delivery
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years II months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Gem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Gem, Idaho

4. FULL NAME OF CHILD Helen Hope Howard

5. Date of Birth of Child (Month, day, year) March 9, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marcus Tyre Howard
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace South Fork (City or town), Missouri (State or foreign country)
14. Exact Occupation Driller
15. Industry or Business Silver Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Ava Higley
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Queen City (City or town), Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) 7:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Stella Ava Howard (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Robert W Blaney M.D. ~~Midwife~~ Address Meaford Ore Date Feb 3-42

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mabel Hefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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034-431 FEB 19 1942 332666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332666
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State ~~Minidoka~~ (b) County Minidoka
(c) City Idaho. Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert

4. FULL NAME OF CHILD Leon Smith

5. Date of Birth of Child (Month, day, year) 3/17/1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Bert Lewis Smith
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Pittsville Tenn (City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Addie McJunkin
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Pittsville Tenn (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mr & Mrs Bert Smith (Addie Smith) Signature
33 - Anderson Burse Idaho P. O. Address

Subscribed and sworn to before me this 19 day of February, 1942
(SEAL) M. E. Healy Notary Public, residing at Boise Idaho
My commission expires 8-20-44
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Maurel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-126-
029-379

FEB 19 1942

332677

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332677
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No. Idaho
(e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Potlatch Ida.

4. FULL NAME OF CHILD Robert Calvin McLellan

5. Date of Birth of Child (Month, day, year) Dec. 26 1909 sunday.

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Isaac Munroe McLellan
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Cameron Wisc. (City or town) (State or foreign country)
14. Exact Occupation Lumber grader
15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Lola Grace Carey
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Cairo (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that ..... (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lola Grace Carey McLellan Denton Signature
Boise Ida. Rt. 4 P. O. Address

Subscribed and sworn to before me this 19th day of February, 1942
(SEAL) Wm. L. Dunbar Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Mard [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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859 203007-854 332684

United States Department of Commerce Bureau of the Census — FEB 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332684
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Blaine (b) City: --Corral, Ida
(c) Street Address or R.F.D. No.: --RFD--
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 5 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Blaine
(c) City: Corral, Idaho
(d) Street Address or R.F.D. No.: RFD
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) RFD, Corralk, Ida

4. FULL NAME OF CHILD Eva May Heizer

5. Date of Birth of Child (Month, day, year) March 3, 1909

6. Sex: Female 7. Twin or Triplet: No If so—born 1st, 2nd, 3rd: - 8. No. months of Pregnacy: 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roscoe Conklin Heizer
11. Color or Race: White 12. Age at time of THIS birth: 26 yrs.
13. Birthplace: Ness City, Kansas (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Hedden
17. Color or Race: White 18. Age at time of THIS birth: 17 yrs.
19. Birthplace: Corralk, Idaho (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 32-11/12 years, and that Eliza Heizer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie H. Heizer — Signature
Route 1, Wilder, Idaho — P. O. Address

Subscribed and sworn to before me this 19th day of February, 1942

(SEAL) Frank Lester — Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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251-207030-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

State File No. 332710
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Rural
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon

4. FULL NAME OF CHILD Gladys Vivian Beattie

5. Date of Birth of Child (Month, day, year) Dec. 7, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Leslie Beattie
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Salmon (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Elzada Holbrook
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Salmon (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person ~~XX~~ since birth years, and that Dr. Geo. A. Kinney (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Elzada Holbrook Beattie Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of February, 19 42

(SEAL) Mildred Hughes Snook Notary Public, residing at Salmon, Idaho.

NOTARY PUBLIC FOR STATE OF IDAHO
RESIDING AT SALMON, IDAHO
MY COMMISSION EXPIRES SEPT. 21, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing FEB 11 1942 by Mel Heefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

869-216028 493

332712

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Madison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 2 weeks days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Madison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 weeks yrs.

3. RESIDENCE OF FATHER (city, state) Madison, Idaho

4. FULL NAME OF CHILD Maxine Frances Horsmann

5. Date of Birth of Child (Month, day, year) May 16, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Horsmann
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Oconto County (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Millwright
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Anne Miller
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Avoka (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE (doctor deceased)

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that unknown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Mary — Signature
1423 S. Winona — P. O. Address

Subscribed and sworn to before me this 7th day of February, 1942
(SEAL) Clarence P. Smith Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mabel Hyslop, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-118-037-739

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 11 1942

State File No. 332718
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alfred Wilson Martin

5. Date of Birth of Child (Month, day, year) Nov. 18, 1909

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Martin
11. Color or Race Am. White 12. Age at time of THIS birth 38 yrs.
13. Birthplace State of Colorado (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lilie J. Glidden
17. Color or Race Am. White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Yakima, Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Sarah McMahan, mother (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie J. Martin Signature
Mountain Home, Idaho, P. O. Address

Subscribed and sworn to before me this 10th day of February, 1942.
(SEAL) O. Norell Notary Public, residing at Mtn. Home, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955 213 003-295

332741

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 757 S. 7th
(d) Name of Hospital or Maternity Home: Residence home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years 1 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. South 7th
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Pocatello, Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Alice Margaret Reed

5. Date of Birth (Month, day year) Sept. 13, 1909

6. Sex Female

7. Twin or Triplet X If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Miles Frank Reed

11. Color or Race white

12. Age at time of THIS birth 36 yrs.

13. Birthplace Iowa (City or town) (State or foreign country)

14. Exact Occupation President of Academy of Idaho

15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Ora Maude Kinkaid

17. Color or Race white

18. Age at time of THIS birth 36 yrs.

19. Birthplace Buffalo (City or town) Kansas (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum solution of silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 11 1942 (Date received) (b) Marl H Reeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ora Maude Reed, being first duly sworn, say that I am related to the mother (Related to (or) acquainted with) Alice Margaret Reed (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Will Howard (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.** (in full)

Ora Maude Reed ..... Signature
Clarkston, Wash. ..... P. O. Address

Subscribed and sworn to before me on this 27th day of December, 19 41
(SEAL) A. M. Roquette ..... Notary Public, residing at Clarkston, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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666-104016-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. 332782
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Cassia (b) City: Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs. 4 months
3. RESIDENCE OF FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD Weslie J. Woodall

5. Date of Birth of Child (Month, day, year) Mar. 4, 1909

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Woodall
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Selby, England (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Elmina Gransbury
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Sterling, Kansas. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum -

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for ..... years, and that Lura Elmina Gransbury (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Elmina Woodall Signature

P. O. Address

Subscribed and sworn to before me this 13th day of February, 1942.

(SEAL) A. E. Dr. Mary Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mark Steele, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154 129 022-155

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No. 332792
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Parker Ida

4. FULL NAME OF CHILD Chas Myron Anderson

5. Date of Birth of Child (Month, day, year) July 29 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chas Peter Anderson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Monticello (City or town) Ill. (State or foreign country)
14. Exact Occupation School teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Amelia Jenkins
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Farmington (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Sutter } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Dr. H. H. Harshberger (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Amelia Chipman Signature
Yuba City P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1942

(SEAL) [illegible] Notary Public, residing at Yuba City, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Sanpoint Bonner

City of Sandpoint

No. Lasch St.

(If born in hospital or institution give name.)

STA[redacted]RO
DEPARTMENT [redacted]IC HEALTH
BUREAU [redacted] STATISTICS

FEB 13 1942

CERTI[redacted]T BIRTH [redacted]795

Registration District No. [redacted] State File No. [redacted]

Prim. Registration District No. [redacted] Local Registrar's No. [redacted]

2. FULL NAME OF CHILD Beatrice E. Waffle

3. Sex female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1

6. Premature ..... Full term X

7. [redacted]

8. Date of birth 4-24, 1929 (Month, Day, Year)

FATHER	MOTHER
9. Full name Andrew J. Waffle	18. Full maiden name Stella May Smart
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 63 (years)	20. Color or race White 21. Age at last birthday 28 (years)
13. Birthplace (city or place) Antrim Co	22. Birthplace (city or place) Ridgeton

[redacted]

OCCUP[redacted] work was done, as silk mill, sawmill, bank, etc. 1937

16. Date (month and year) last engaged in this work ....., 19..

17. Total ti[redacted]ent in this [redacted]

OCCUP[redacted] lawyer's office, silk m[redacted]

25. Date (month and year) last engaged in this work ....., 1929

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent [redacted]onatorum? .....

28. Number of children of this mother (At[redacted]irth and including this child) First child

2 (a) [redacted] now living Yes (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation —

30. Cause of stillbirth — Before labor ..... During labor .....

CERTIFICATE [redacted]ING PHYSICIAN OR MIDWIFE Not Deceased

I hereby certify that I attended the birth of [redacted] was Dr. McKinnon at 8 a. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. McKinnon deceased, M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed FEB 13 1942 193[redacted] Mabel Hayden Registrar.

616-224 009-241

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonner } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mother being first duly sworn says that Beatrice is the daughter of Mr & Mrs A. J. Waffle
(Relationship of child)*
born April 24th 1909 at Sandpoint, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that mother desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Beatrice E. Waffle hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Malcolm McKinnon deceased M. D. was the Midwife medical attendant at the birth of said Beatrice E. Waffle and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Stella May Waffle
P. O. Address Sandpoint

Subscribed and sworn to before me this 20th day of November, 1939

Harvey M. Bishop
Notary Public.
Notary Public for the State of Idaho
Residing at Sandpoint, Idaho
My Commission Expires

Residing at, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

756 110 040238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No. 332810
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Black Bear
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City Black Bear
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Black Bear

4. FULL NAME OF CHILD Wilbur Emile George

5. Date of Birth of Child (Month, day, year) Mar. 10th 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Wilbert George
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Calumet (City or town) Alouzy (State or foreign country) Mich.
14. Exact Occupation Mining & Mill Work
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Ida Alvera Schiib
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Deer Lake (City or town) Mich. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Grant } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 33 years, and that (First name) (Last name), who attended this birth Unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Schiib
Signature

Soap Lake Wash
P. O. Address

Subscribed and sworn to before me this 16th day of Feb, 1942

(SEAL) F. D. Lee Tannery Notary Public, residing at Soap Lake Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by Mary E. Pfeifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

191 223 006845

332814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Firth
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 5 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Firth
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 12½ yrs.

3. RESIDENCE OF FATHER (city, state) Firth, Idaho

4. FULL NAME OF CHILD Marie Arave

5. Date of Birth of Child (Month, day, year) Mar. 23, 1909

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Arave
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Hooper, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Jane Hunt
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Hooper, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for over 32 yrs. years, and that Eliza Jimmett (First name), midwife (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Jane Arave Signature

619-A West 7th St; Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 9th day of February, 1942

(SEAL) Jannie Rachel Leslie Notary Public, residing at Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-3101, Idaho Code Annotated.) My commission expires Oct. 21, 1944

Received for filing on FEB 13 1942 by Mark Kirkham, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459 102 001 791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 18 1942

State File No. 332838
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Nampa
(c) Street Address or R.F.D. No.: 13 2nd St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years / / months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Nampa
(d) Street Address or R.F.D. No.: 9 Kirkland St
(e) How long has **MOTHER** lived in Idaho? 11 mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Nampa - Ida.

4. FULL NAME OF CHILD Richard Henry Albert Merchant

5. Date of Birth of Child (Month, day, year) March 2, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Richard Austin Merchant
11. Color or Race: White **12.** Age at time of THIS birth: 32 yrs.
13. Birthplace: Mercer (City or town) - Penna. (State or foreign country)
14. Exact Occupation: Builder
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Graham
17. Color or Race: White **18.** Age at time of THIS birth: 24 yrs.
19. Birthplace: Springboro (City or town) Penna (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: none to my knowledge.
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Calif.
County of Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that Do not remember name (First name) (Last name) who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires 1 18 43

x Mrs. Ethel Merchant Signature
Riverside - Calif. P. O. Address

Subscribed and sworn to before me this 6th day of Feb, 1942

(SEAL) C. Bennett Notary Public, residing at Arlington Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

651109022331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 18 1942
STATE OF IDAHO

State File No. 332858
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rudy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rudy Idaho.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Rudy Idaho.

4. FULL NAME OF CHILD Morris Holmes Weaver

5. Date of Birth of Child (Month, day, year) May 9 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alpheus Weaver
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Millville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Diana Clark
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for all his life years, and that Margaret E. (First name) Clark (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Diana Clark Weaver — Signature
Menan, Idaho — P. O. Address

Subscribed and sworn to before me this 13th day of February, 1942

(SEAL) George M. Gordon — Notary Public, residing at Menan, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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662 228 006-262

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 14 1942
STATE OF IDAHO

State File No. 332883
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City
(c) Street Address or R.F.D. No. R 7 D.
(d) Name of Hospital or Maternity Home: Born at home of Parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City
(d) Street Address or R.F.D. No. R 7 D.
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Helen Marie Foster

5. Date of Birth of Child (Month, day, year) Feb. 28-1909

6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnacy 9 9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Harry Mason Foster
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marry Rosettha Bossout Foster
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Cordova (City or town) Minnesota (State or foreign country)
20. Exact Occupation Nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt by marriage (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Mrs Joe Henry (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Marie A. Foster Signature
828 So Steele St Tacoma Wash P. O. Address

Subscribed and sworn to before me this 7th day of Feb, 1942

(SEAL) Notary Public, residing at Home

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Mark Stephen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268 120 035844

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No. 332923
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of ~~this birth~~)
(a) County Nez Perce (b) City Peck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Peck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Peck, Idaho

4. FULL NAME OF CHILD Buford Cornelius Boyd

5. Date of Birth of Child (Month, day, year) March 20, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sidney J. Boyd
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Humphrey
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Oklahoma (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle Boyd (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. M. Fyle M.D. ~~Midwife~~ Address Lewiston, Ida. Date Feb. 6, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-208032-256

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 16 1942

CERTIFICATE OF BIRTH

332935

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Elsbeth Mildred Lingard

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth July 8, ~~193~~ 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name George William Lingard	18. Full maiden name Eva Seward
10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone	19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone
11. Color or race Aus. | 12. Age at last birthday 30 (years)	20. Color or race Aus. | 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Laporte Indiana	22. Birthplace (city or place) (State or Country) Bloomington Indiana
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book keeper	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber Co	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 2 yrs	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) [signature], M. D.

or ....., Midwife

Address Shoshone Idaho

Filed FEB 16 1942, 193.....

Registrar. Registrar.

313-127-014893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

State File No. 332955
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (now Payette) (b) City Payette
(c) Street Address or R.F.D. No. 109 N. 10th St.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 11 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon (now Payette)
(c) City Payette
(d) Street Address or R.F.D. No. 109 N. 10th St.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD Curtis Hillsinger Callen

5. Date of Birth of Child (Month, day, year) April 27, 1909

6. Sex Male

7. Twin or Triplet No (single) If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Curtis Fort Callen
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Peoria, Illinois (City or town) (State or foreign country)
14. Exact Occupation Real Estate Agent
15. Industry or Business Real Estate Agent

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myra Elizabeth Hilsinger
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Little Sioux, Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that Dr. O. H. Avey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myra Elizabeth Callen Signature
109 N. 10th St. Payette Idaho P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942
(SEAL) Grace C. Greer Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Myrl H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-227032-356

333025

United States
Department of Commerce
Bureau of Census Lincoln

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Jerome~~ (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Was born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Jerome~~ Lincoln
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Jerome, Idaho

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Betty Leonard

5. Date of Birth (Month, day year) June 27, 1909

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wendell Leonard
11. Color or Race white **12.** Age at time of THIS birth 50 yrs.
13. Birthplace (City or town) Hungary (State or foreign country)
14. Exact Occupation
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Lang Leonard
17. Color or Race white **18.** Age at time of THIS birth 45 yrs.
19. Birthplace (City or town) Hungary (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. ~~Name prophylactic~~ used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead none (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 16 1942 (Date received) (b) Mary Keller (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Anna Leonard, being first duly sworn, say that I am related to (Related to (or) acquainted with) Betty Leonard (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Joseph Crow (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Anna Leonard Signature
Rogerson, Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of February, 19 42
(SEAL) Fay Gates Notary Public, residing at Twin Falls, Idaho
My Comm. Expires May 10 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

+ 639-124-030-175

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 16 1942

State File No. 333028
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home none
at home
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home ..... days.
IN **THIS** county ✓ years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Salmon Idaho

3. RESIDENCE of FATHER (city, state) Salmon Idaho

4. FULL NAME OF CHILD Clarence Lester Olinger

5. Date of Birth (Month, day year) Dec 24 1909

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Perry Olinger
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Hickory County Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie May Agee
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Missouri Hickory County (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum O
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 16 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I Sylphia Boles, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clarence Lester Olinger (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F.C. Whitwell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sylphia Boles Signature
1021 West 4 Ave Spokane Wash P.O. Address

Subscribed and sworn to before me on this 3rd day of February 1942
(SEAL) [illegible] Notary Public, residing at Spokane, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

627 106-03-242

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. 333032
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home: ----
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years one months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Oregon (b) County Hood River
(c) City Hood River
(d) Street Address or R.F.D. No. 808 8th St.
(e) How long has **MOTHER** lived in Idaho? No yrs.

3. RESIDENCE OF FATHER (city, state) Hood River, Ore

4. FULL NAME OF CHILD Garland Howard Osburn

5. Date of Birth of Child (Month, day, year) Sept. 6, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Owen Sanford Osburn
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Willow Springs, Missouri (City or town) (State or foreign country)
14. Exact Occupation Ball Player
15. Industry or Business Baseball

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Virginia Irene Bubb
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Girard, Kansas (City or town) (State or foreign country)
20. Exact Occupation Seamstress
21. Industry or Business Sewing

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Hood River } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that (Attendant unknown) (First name) (Last name), who attended this birth is unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Virginia Irene Osburn Signature
1202 Cascade Avenue, Hood River, Oregon P. O. Address

Subscribed and sworn to before me this 13th day of February, 1942.

(SEAL) E. L. King Notary Public, residing at Hood River, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Nov. 26, 1943

Received for filing on FEB 16 1942 by Maud Kepler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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319-108-008 863 FEB 24 1942 333047

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 333047
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Roseberry, Ida.

4. FULL NAME OF CHILD Newton Theodore Carter

5. Date of Birth (Month, day year) 6-8-1909

6. Sex Male **7.** Twin or Triplet ..... If so—born 1st, 2nd, 3rd ..... **8.** No. months of Pregnancy ..... **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elzie Ernest Carter
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Polk City (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Mable Hollister
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Genesee (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 10:45 M. on the date and at the place stated above, and that personal particulars were furnished by Fannie M. Carter (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 24 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Nora M. Rost M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Fannie M. Carter, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Newton Theodore Carter (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Fannie M Carter Signature
Boise Idaho P. O. Address

Subscribed and sworn to before me on this 20th day of February 1942
(SEAL) Marion E. [illegible] Notary Public residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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572.114-035.572

333055

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333055
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 1506-17th ave
(d) Name of Hospital or Maternity Home: 1506-17th ave
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years IV months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1506-17th ave
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston Idaho

4. FULL NAME OF CHILD gordon epstein - Stevens

5. Date of Birth of Child (Month, day, year) 4/14/09

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME albert goodman Epstein
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace San Francisco Cal (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Clothing Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Rose Epstein
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lewiston Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business house wife

Order of Adoption of Gordon S. Epstein, issued July 12, 1920; named changed to Gordon S. Stevens; Adopted by Cora E. Stevens in the Probate Court of Nez Perce County, State of Idaho. Authentic copy of the Order of adoption is attached to Birth Certificate #333055 for Gordon Epstein, on File in the Bureau of Vital Statistics, Boise, Idaho

Mabel Elder, Director

Dated 3/3/42

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 50 years of age, that I have known this person for 32 years, and that Mrs. J. B. Marin (First name) (Last name), who attended this birth now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Brill
Signature
1139-14th ave Lewiston, Ida.
P. O. Address

Subscribed and sworn to before me this 7th day of February, 1942.

(SEAL) Leo McCarty Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by Mabel Elder, Registrar.

Use only BLACK Ink or BLACK Record ty bearing FIRST-CLASS postage to State B copy requires an advance payment of fift

ting this certificate. Mail COMPLETED certificate in envelope Boise, Idaho, for filing. No charge for filing. Each certified oin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

194 102-028-415

United States
Department of Commerce
Bureau of the Census Kootenai

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 20 1942

State File
Local Reg. No. 333088
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~BENEWAH~~ (b) City ST. MARIES
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME DELIVERY
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ~~BENEWAH~~
(c) City ST. MARIES Kootenai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD WEISER CLARENCE ARMSTRONG

5. Date of Birth of Child (Month, day, year) Oct 2 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME DAVID ARTHUR ARMSTRONG
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace UNKOWN (City or town) MISSOURI (State or foreign country)
14. Exact Occupation PLASTERER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME EFFIE BELL DANIEL
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace LOUISVILLE (City or town) KENTUCKY (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~NONE~~ UNKOWN

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 10 P.M. M. on the date and at the place stated above, and that personal particulars were furnished by EFFIE (First name) ARMSTRONG (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that DR Wm BALDWIN (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie B. Racicot — Signature
P. O. Address

Subscribed and sworn to before me this 17th day of Feby, 1942
(SEAL) Arthur R. Bowden — Notary Public, residing at Sandpoint Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mark Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 18 1942

State File No.
Local Reg. No. 49
Reg. Dist. No. 541

1. PLACE OF BIRTH:
(a) County Oneida (b) City Winder
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Aaron Dougles Hill

5. DATE OF BIRTH (Month, day, year) Dec 16, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Aaron James Hill

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Trenton Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farm Laborer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jerusha Estella Dees

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Weston Idaho
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 4:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Jerusha Hill (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 2/14/42 (Date received) (b) G. W. States (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature G. W. States M.D. (D.O., Midwife, etc.)
and address ..... Date .....

Use only BLACK INK or BLACK record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

719 216-029 653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 333113
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1947

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Crescent
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Cavendish
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Cavendish Ida.

4. FULL NAME OF CHILD Susie Pearl Gainer

5. Date of Birth of Child (Month, day, year) Aug 16 1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles C. Gainer
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Cavendish, (City or town) Idaho (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Teaming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alda Althea Wells
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Riverton, (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as aunt (Mother, etc.)

25. Attendant's **OWN** signature Mrs Grace Bowden M.D. Midwife Address Southwick, Idaho Date Feb. 4 42

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the foster mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace G. Wells Signature
Cavendish, Idaho P. O. Address

Subscribed and swern to before me this 4th day of February, 1942

(SEAL) Samuel D. Swayne Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

• (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No. 333121
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Southwick Id.

4. FULL NAME OF CHILD Lucille Patterson

5. Date of Birth of Child (Month, day, year) Oct. 25, 1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy Nine 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Edwin Jay Patterson
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Cameron (City or town) Idaho Territory (State or foreign country)
14. Exact Occupation Timber Faller.
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie May Cable
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Linn Creek (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known.

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at Five P. M. on the date and at the place stated above, and that personal particulars were furnished by Carrie (First name) Patterson (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Union } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the nother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr. Phillip Herrigess (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie May Patterson Signature
Box 95 La Grande, Oregon P. O. Address

Subscribed and sworn to before me this 12th day of February, 1942.
(SEAL) Charles B. Cate Notary Public, residing at La Grande, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. ex. 5/19/44

Received for filing on FEB 13 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-129 042863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 20 1942

State File No. 333137
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida.

4. FULL NAME OF CHILD Harold Lee Morton

5. Date of Birth of Child (Month, day, year) 1-29-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Allen Morton
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Pioneer, Missouri (City or town) (State or foreign country)
14. Exact Occupation Miller, Millwright
15. Industry or Business Flour mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Holl
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Wayne County, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of CALIFORNIA
County of SANTA CLARA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Morton ..... Signature

188 Lomalita Los Gatos Calif. ..... P. O. Address

Subscribed and sworn to before me this 5th day of February, 1942.

(SEAL) T. B. Robertson ..... Notary Public, residing at Los Gatos Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3[illegible] Idaho Code Annotated.) MY COMMISSION EXPIRES AUGUST 1, 1943.

Received for filing on FEB 20 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 20 1942

State File No. 333144
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Twin Groves
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Twin Groves Precinct
(d) Street Address or R.F.D. No. 1 St Anthony
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Wayne LaMar Richards

5. Date of Birth of Child (Month, day, year) Dec 6, 1909

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Wesley Richards
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Eliza Bird
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Lewiston (City or town) Utah (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Adrena Wilson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Eliza Richards Signature
St Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of February, 1942
(SEAL) Ex Officio, Probate Judge ~~Notary Public, residing at~~
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 17 1942

State File No. 333155
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Lapwai, Ida.

4. FULL NAME OF CHILD Silas Austin Doty

5. Date of Birth of Child (Month, day, year) 4/11/1909

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mathew Walker Doty
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Guy, (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Ellen Goucher
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Harrison Co., (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 4 p. M. on the date and at the place stated above, and that personal particulars were furnished by Nellie (First name) Long (Last name), who is related to this child as none. (Mother, etc.)

25. Attendant's **OWN** signature Nellie Long MIDWIFE Midwife Address 202 Main, Lewiston Date 2/14/42

State of Nez Perce
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this 14th day of February, 1942.

(SEAL) John W. Woods Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My commission expires Feb. 16, 1946

Received for filing on FEB 17 1942 by Mark Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 215 028-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No. 333162
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d Alene
(c) Street Address or R.F.D. No. 216 Foster St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d Alene
(d) Street Address or R.F.D. No. 216 Foster St.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d Alene Idaho

4. FULL NAME OF CHILD Ruth Juanita Mitchell

5. Date of Birth of Child (Month, day, year) Nov. 15, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Julian Bethany Mitchell
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Mason City, (City or town) Iowa (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Jacobson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Chimney Rock, (City or town) Wisconson (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth ~~and including this child~~ 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Eliza Mitchell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 32 years, and that Dr. Max Dorland (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Eliza Mitchell — Signature

Coeur d'Alene, Idaho — P. O. Address

Subscribed and sworn to before me this 14th day of Feb. 19 42

(SEAL) — Notary Public, residing at Coeur d'Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by ..., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915 108 029 243

333174

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 20 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. North Main ST
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years 11 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. North Main ST
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Laverne Randall

5. Date of Birth of Child (Month, day, year) Nov. 8 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Randall
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Moscow (City or town), Idaho (State or foreign country)
14. Exact Occupation Deputy Assessor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Etta Buchanan
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 32 years, and that Dr. Chas L. Pittman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta Randall — Signature
Moscow Idaho — P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942.

(SEAL) E. S. Thompson — Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mabel Hetzler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

948-124-029-141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333176
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 528 Moore Ave
(d) Name of Hospital or Maternity Home: at home - above number
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 528 Moore Ave
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Murray Joseph Imhoff

5. Date of Birth of Child (Month, day, year) June 24, 1919

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Sumner Imhoff
11. Color or Race White
12. Age at time of THIS birth ... yrs.
13. Birthplace Murphysboro (City or town) Illinois (State or foreign country)
14. Exact Occupation Tailor
15. Industry or Business Merchant Tailoring

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edrie Ferol Adams
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Colfax (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of CALIFORNIA
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Doctor Adair (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Edrie F. Imhoff ..... Signature
118 E. 2d St Pomona Calif ..... P. O. Address

Subscribed and sworn to before me this 18 day of Feb, 19 43

(SEAL) ..... Notary Public, residing at Pomona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mary H. Helfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

742-122-004-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DELAYED

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No. 333183
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Paris,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: (family home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 3 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ervin Christian Gubler

5. Date of Birth of Child (Month, day, year) Feb. 22, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest Robert Gubler,
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Winterthur, (City or town) Switzerland (State or foreign country)
14. Exact Occupation Meat cutter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emeline B. Stocker
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Paris, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. G. F. Ashley, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest Robert Gubler — Signature

Paris, Idaho — P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942

(SEAL) — Notary Public, residing at Paris, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Mark E. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

757 119 035-265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333187
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Claude William Gebhart

5. Date of Birth of Child (Month, day, year) July 19. 1909

6. Sex boy

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Thomas Gebhart
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Setalia (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Delilah Bond
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Sigourney (City or town) Iowa (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above that I am now 54 years of age, that I have known this person for 32 years, and that Dr Rothwell (First name) (Last name), who attended this birth (is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Lyda D. Gebhart Signature
Culdesac Idaho P. O. Address

Subscribed and sworn to before me this 14 day of February, 1942

(SEAL) L Burke Notary Public, residing at Troy Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-11-032-555

United States
Department of Commerce
Bureau of the Census Lincoln

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No. 333189
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Gooding~~ (b) City Gooding
(c) Street Address or R.F.D. No. Mrs. Peterson
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Gooding~~ Lincoln
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 Wk yrs.

3. RESIDENCE OF FATHER (city, state) Gooding, Ida

4. FULL NAME OF CHILD Paul Ernest Green

5. Date of Birth of Child (Month, day, year) 12/11/1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David M. Green
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Albion, Indiana (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter on Capitol Bldg.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Jane Everst
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Pinegrove, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living ~~4~~ 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Michigan
County of Branch } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that ..... (First name) ..... (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise J. Green Signature
76 Pelton Ave., Coldwater, Mich. P. O. Address

Subscribed and sworn to before me this 14 day of February, 19 42.
(SEAL) Noel M. Hayes Notary Public, residing at R#6, Coldwater, Mich.
My Commission Exp. 11/20/43
(Note: Perjury is punishable as a felony in Idaho, See. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

654 220 044 666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No. 333201
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
born at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Opal Rolleen Steinweden

5. Date of Birth of Child (Month, day, year) July 20, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Steinweden
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Sedan (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Ann Woody
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Dodge City (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. (First name) Numbers (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Ann Steinweden — Signature
Wapato, Washington — P. O. Address

Subscribed and sworn to before me this 11 day of February, 1942.

(SEAL) [signature] Notary Public, residing at Wapato, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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766-129 022-249

United States
Department of Commerce
Bureau of the Census

Fremont

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333207
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Jefferson~~ (b) City Menan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery; IN **THIS** county -- years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Montana (b) County Beaverhead
(c) City Lima
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Lima, Mont.

4. FULL NAME OF CHILD Neil Evan Poole

5. Date of Birth of Child (Month, day, year) Nov. 29, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Walter Poole
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Ann Burt
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Salt Lake City, (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for from birth years, and that Dr. (First name) Jones (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine Ann Burt Poole — Signature
Menan Idaho. — P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942

(SEAL) George M. Larsen — Notary Public, residing at Menan, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264-225006-789

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No. 333263
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Ammon
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ammon Bonneville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Ammon, Id.

4. FULL NAME OF CHILD Lillie Jane Sommer

5. Date of Birth of Child (Month, day, year) March 25, 1941

6. Sex female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Alfred Sommer
11. Color or Race white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Bricklayer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Emily Phillips
17. Color or Race white 18. Age at time of THIS birth 38 yrs.
19. Birthplace Home (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 22 years, and that Dr Thos C Walker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Emily Phillips Signature
1201 Whitney St Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 27th day of January 1942.

(SEAL) Notary Public, residing at Residence, Idaho Falls, Idaho,
My Commission Expires May 8, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

594 107 014 1/8 FEB 26 1942

333270

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333270
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD Robert Wade Eidemiller

5. Date of Birth of Child (Month, day, year) June 7, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Raymond Eidemiller
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Tipp City (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Linnie Alice Jay
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Pleasant Hill (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Linnie Jay Eidemiller (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature S. J. Miller M.D. Midwife Address Long Beach Calif Date 2-5-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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FEB 27 1942

333280

333280

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333280
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Grangeville~~ Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville

4. FULL NAME OF CHILD Cleo Leona Steinbach

5. Date of Birth of Child (Month, day, year) May 7 1909

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lee Steinbach
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Salisbury Mo (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Heath
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Noel Mo (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr. Stockton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Daisy Steinbach Signature
Meridian Idaho P. O. Address

Subscribed and sworn to before me this 24th day of February, 1942.

(SEAL) O M Lamb Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 27 1942 333292

United States 433124044 (Be sure the information is as of date of birth of THIS child) State File No. 333292
Department of Commerce 763 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Riley Simeon McCallister

5. Date of Birth of Child (Month, day, year) Feb.24,1909

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clare McCallister
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Mary Potter
17. Color or Race white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Princeton (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living /

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the second cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for all his life years, and that Dr. Charles Schmitz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Elmira Sable Signature
Payette, Idaho. P. O. Address

Subscribed and sworn to before me this 25th day of February, 19 42.

(SEAL) W. R. McClure Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

146-113-06691 333295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

State File No. 333295
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls Idaho
(c) Street Address or R.F.D. No. R.D. # 4
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years ✓ months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City ~~Lincoln~~ Idaho Falls
(d) Street Address or R.F.D. No. R.D. # 4
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Idaho

4. FULL NAME OF CHILD Ralph Adolphson

5. Date of Birth of Child (Month, day, year) Sept 13-1909

6. Sex Male **7.** Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓ **8.** No. months of Pregnacy 9 **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Jacob S. Adolphson
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna H. Frandzen
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housework.
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~Born alive~~ (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for Life years, and that Mrs. Agda Stoneberg (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jacob S. Adolphson Signature
P. O. Address

Subscribed and sworn to before me this 17th day of February, 19 42
(SEAL) Geo. W. Lukehurst Notary Public, residing at Firth Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Mabel E. Sexton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333304
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Mabel May Berreman

5. Date of Birth of Child (Month, day, year) July 22, 1909

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Geo. Ola Berreman
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kittie Douglas
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Solano } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for all her/life years, and that Dr. Stoneburner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Kittie Douglas Berreman Signature
1835 Indiana St., Vallejo, Calif. P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942

(SEAL) Homer Percy Notary Public, residing at Solano County, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Anno.) My Commission Expires November 6, 1945

Received for filing on FEB 26 1942 by Mary E. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 1 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333312
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 700 Block N. Harrison
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 700 Blk No Harrison
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Idaho

4. FULL NAME OF CHILD William Noah Bunce

5. Date of Birth of Child (Month, day, year) May 23d 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William K. Bunce
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Rexburg (City or town) Idaho (State or foreign country)
14. Exact Occupation Brakeman O.S.L. R.R.
15. Industry or Business Oregon Short Line RR

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura E Christensen
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Lake Shore (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 6 P.M. on the date and at the place stated above, and that personal particulars were furnished by William K. Bunce (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. ✓ Midwife ✓ Address Pocatello Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that ..... (First name) ..... (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William K Bunce Signature
R 7 Box 3 Boise, Ida. P. O. Address

Subscribed and sworn to before me this 28th day of February, 1942.
(SEAL) J. W. Robert, Justice of the Peace Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 1942 by Mary E Edger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-109 OBS-239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 334221

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Clearwater
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John ALVA COX

5. Date of Birth of Child (Month, day, year) 5-9-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** GILES ALVA COX
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Grundy Virginia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Estella Strauch
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Mile (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Dr. Charles Busey (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Cora Estella Johnson Signature
Kamiah Idaho P. O. Address

Subscribed and sworn to before me this 17 day of February, 1942
(SEAL) R. Field Notary Public, residing at Kamiah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mabel Wheeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-216 022-412

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 20 1942

State File No. 334239
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Egin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: -none-
(e) Mother's stay **BEFORE** delivery: IN THIS county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Egin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Egin, Idaho

4. FULL NAME OF CHILD Elnora Millie Winegar, (~~Keele~~)

5. Date of Birth of Child (Month, day, year) March 16, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gideon Winegar
11. Color or Race White- Am.
12. Age at time of THIS birth 52 yrs.
13. Birthplace Mill Creek, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Helen Mason (~~WINEGAR~~)
17. Color or Race White- Am.
18. Age at time of THIS birth 40 yrs.
19. Birthplace Morgan, Morgan Co., (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Fred H. Mason (First name) (Last name), who is related to this child as Uncle (Mother, etc.)

25. Attendant's **OWN** signature Louisa G. Davis ~~M.D.~~ Midwife Address R 2 St. Anthony Date Feb 17 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286-223-029-912

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

State File No. 334267
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 18 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Troy Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Anna Bertha Shodene

5. Date of Birth (Month, day year) Nov 23, 1909

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd 7 **8.** No. months of Pregnancy — **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Halvar Pete Shodene
11. Color or Race white **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Linell (City or town) Sweden (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margit Zakrieson
17. Color or Race white **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Linell (City or town) Sweden (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I H. P. Shodene, being first duly sworn, say that I am related to (Related to (or) acquainted with) Anna Bertha Shodene (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Olson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

x H. P. Shodene Signature
Troy Idaho P. O. Address

Subscribed and sworn to before me on this 17 day of February, 1942
(SEAL) H. Brooke Notary Public, residing at Troy Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 20 1942
334307

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Nez Perce
City of Summit
No. Phone St.
412-216-035-893
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Genevieve Belva Mason

3. Sex F.
If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth 2
6. Premature _____ Full term yes
7. Legitimate? yes
8. Date of birth March 16, 1909 (Month, Day, Year)

FATHER

9. Full name Norman Orr Mason
10. Residence (usual place of abode) (If non-resident, give place and State) Summit, Idaho
11. Color or race White
12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Fremont, Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work March, 1909
17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name Nora Alice Hill
19. Residence (usual place of abode) (If non-resident, give place and State) Summit, Idaho
20. Color or race White
21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Kendrick, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work March, 1909
26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not Known

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks
30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at about 11 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Nora Mason, M. D.
or Mother, Midwife
Address 640 No. Hogan Spokane

Give name added from a supplemental report _____
(Date of)

Filed FEB 26 1942, 19__ Mark H. Leff Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

FEB 20 1942

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nora Mason being first duly sworn says that she is the mother of Genevieve Belva Mason
(Relationship of child)*

born March 16, 1909 at Summit, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained ~~in the certif~~ cate of birth of the said Genevieve Belva Mason hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that E. J. Harrington M. D. was the ~~Midwife~~ medical attendant at the birth of said Genevieve Belva Mason and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Nora Mason
P. O. Address 640 N. Hogan, Spokane, Wash.

Subscribed and sworn to before me this 16th day of February, 1942

Kinnifred McPherson
Notary Public.

Residing at Spokane, Wash., ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 26 1942

STATE OF IDAHO
HARRIET A. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by a midwife or attending physician or midwife.)

State of ..... }
County of ..... } ss.

..... being first duly sworn, says that

..... is the ..... of .....
(Relationship of child)

born ..... Idaho,
(Place of birth)

..... was the ..... of birth as stated therein, and that this birth has not been previously reported.

..... hereto affixed the time and ..... as stated therein, and that this birth has not been previously reported.

Affiant further states that ..... was the ..... medical attendant at the birth of said ..... and that ..... said medical attendant ..... (Now deceased ..... be located)

..... Name of Affiant

..... P. O. Address

Subscribed and sworn to before me this ..... day of ..... 19..

..... Notary Public.

Residing at ..... Idaho

*If the father and mother are dead, and the ..... in place of the affiant, state fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

C 145714-003-553 334318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 3 1942

State File No. 334318
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Danial Clark William Ames

5. Date of Birth of Child (Month, day, year) June 14, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Danial Ames
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Portage, Utah (City or town) (State or foreign country)
14. Exact Occupation Drayman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ann W. Nelson
17. Color or Race White **18.** Age at time of THIS birth 43 yrs.
19. Birthplace Logan, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for his life years, and that attending physician (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Comm. expires May 10, 1945

Mrs Ann W. Nelson Ames Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of March, 194 2

(SEAL) McGee Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-213 028-843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334323
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum

4. **FULL NAME OF CHILD** Ollie May Handy

5. Date of Birth of Child (Month, day, year) May 13, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Mortimer Handy
11. Color or Race
12. Age at time of THIS birth yrs.
13. Birthplace Albany (City or town) Missouri (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rena Belle Yule
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Augusta (City or town) Wis. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2a (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 A.M. on the date and at the place stated above and that personal particulars were furnished by John M. Handy (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Dr DD Drennen Decease M.D. Midwife Address Post Falls Date 2/17/42

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that DD Drennen (First name) (Last name), who attended this birth decease (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John M. Handy Signature
Post Falls Idaho P. O. Address

Subscribed and sworn to before me this 17 day of Feb, 1942
(SEAL) W. J. Chapin Notary Public, residing at Post Falls Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mabel H. Gilfoy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334330
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Idaho (b) City: Grangeville
(c) Street Address or R.F.D. No.: 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Perry Pike Co. Ill (b) County: Ill
(c) City: Grangeville, Idaho
(d) Street Address or R.F.D. No.: 1
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville, Ida

4. FULL NAME OF CHILD Clyde Hesley Schmadeka

5. Date of Birth of Child (Month, day, year) Jan 15 - 1909

6. Sex: Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Hesley Schmadeka
11. Color or Race: White **12.** Age at time of THIS birth ..... yrs.
13. Birthplace: Eugene (City or town) Oregon (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Saraminta Johnson
17. Color or Race: White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace: Perry Pike Co. (City or town) Ill. (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None used

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 33 years, and that Saraminta Schmadeka Swan (First name) (Last name) who attended this birth John Hesley Schmadeka (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Saraminta Schmadeka Swan Signature

P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942

(SEAL) Opal Lease Notary Public, residing at Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mabel Weeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

DELAYED

dup of 1909-D70-460

155-130035-295

334334

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 24 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Clearwater~~ Nez Perce (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 5 months 06 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Noz Perce~~ Nez Perce
(c) City Homesteau Eureka Ridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Herman Andrew Jensen

5. Date of Birth of Child (Month, day, year) Apr 30 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew Jensen
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace ~~Underwood~~ (City or town) Minn (State or foreign country)
14. Exact Occupation Homesteader
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna C Kietelson
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Underwood (City or town) Minn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 15 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Dr Fry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Anna Jensen Signature
Orofino Idaho P. O. Address

Subscribed and sworn to before me this 19 day of February, 19 42
(SEAL) Clerk ~~Notary Public~~, residing at Orofino, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on CLEARWATER COUNTY by Mabel Hetzler, Registrar.
FEB 24 1942

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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659-112-028-264

334342

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Spirit Lake
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: Spirit Lake Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spirit Lake
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Spirit Lake, Ida.

4. FULL NAME OF CHILD ALBERT EARL HAMMOND FERRON

5. Date of Birth of Child (Month, day, year) 11/12/1909

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** FRANK FERRON
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Green Bay (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Worked in sawmill
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Celia A. Williams Bouillon
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Namour (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I do not know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Drs. Earl Hammond and Prindle (First name) (Last name), who attended this birth do not know (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Chas R Barr — Signature

668½ King St., Seattle, Washington — P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942.

(SEAL) Grace M. Pock — Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mark Hetzer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1942

MAR 30 1943

MAR 31 1943

JUL 23 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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497-219 016-653

334343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley, Idaho
(c) Street Address or R.F.D. No. Route No.
(d) Name of Hospital or Maternity Home: visiting there temporarily
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Manard
(d) Street Address or R.F.D. No. No. 2
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Manard, Idaho

4. FULL NAME OF CHILD Arta May Dixon

5. Date of Birth of Child Jan. 19, 1909 (Month, day, year)

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Fredrick Dixon
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Clifton (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Laurrenia Wells
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation Nurse and housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for ..... years, and that Dr. (do not re-call) (First name) Oldham (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. John F. Dixon ..... Signature
Jerome Idaho ..... P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942

(SEAL) William E. Onstot Notary Public, residing at Jerome, Idaho
Probate Judge, Jerome County

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mart Feller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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793 226 025 643

334434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. 415 So. College
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. 415 So. College
(e) How long has **MOTHER** lived in Idaho? 9mo. 20days

3. RESIDENCE OF FATHER (city, state) Grangeville, Idaho

4. FULL NAME OF CHILD Mary Nadine Gilkeson

5. Date of Birth of Child (Month, day, year) June 26, 1909

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arch Lee Gilkeson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Warrensburg, Missouri (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Department Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lois Fulkerson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Salt Springs, Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Keeping house

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Lois F. Gilkeson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Gussie Humphrey ~~M.D.~~ Midwife Address Lewiston, Idaho Date Feb. 24, 42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mark H. Elsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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672-117-035-393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334436
Local Reg. No.
Reg. Dist. No.

FEB 2 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery: IN THIS county 9 years 2 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis (Nez Perce)
(c) City Nez Perce
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Nez Perce Ida

4. FULL NAME OF CHILD Frank C Fike

5. Date of Birth of Child (Month, day, year) Sept 17-1909

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bert J. Fike
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Garrison (City or town) Iowa (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie G. Lichty
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Waterloo (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Bert Fike (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature O. A. Jeffreys M.D. ~~Midwife~~ Address 1223 N. Sweetzer Ave Date 2-17-42

State of Yakima Wash } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that O. A. Jeffreys (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× B. J. Fike Signature

P. O. Address

Subscribed and sworn to before me this 17th day of Jan., 1942.
(SEAL) Roscoe Ruiller Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mrs. F. Geller, Registrar.
This was formerly Nez Perce County

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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216-128-003-758

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 25 1942

State File No. 334454
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannoch (b) City Downey
(c) Street Address or R.F.D. No. R.F.D. # 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 22 years 2 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Bannoch.
(c) City Downey.
(d) Street Address or R.F.D. No. R.F.D. # 2.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Downey, Idaho

4. FULL NAME OF CHILD Vernon Enoch Sawyer.

5. Date of Birth of Child (Month, ~~day~~, year) December ~~Dec.~~ 28, 1909.

6. Sex Male. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William John Sawyer.
11. Color or Race American 12. Age at time of THIS birth 27 yrs.
13. Birthplace Samaria (City or town) Idaho. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dicey Elizabeth Behring.
17. Color or Race American 18. Age at time of THIS birth 22 yrs.
19. Birthplace Downey (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by DICEY (First name) SAWYER. (Last name), who is related to this child as MOTHER. (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for his life years, and that Dr. J. C. Arnout (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dicey Elizabeth Sawyer
Signature
1323 Harding Ave., National City
P. O. Address

My Commission Expires June 30, 1943

Subscribed and sworn to before me this 21 day of Feb. 1942. California.

(SEAL) O. C. Ludwig Notary Public, residing at National City, Cal

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel H. Fisher, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689 106 242.415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 25 1942
STATE OF IDAHO

State File No. 334456
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. Star Rte #1
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county One years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. Star Rte #1
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD William Cecil Whitby

5. Date of Birth of Child (Month, day, year) August 6, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Atwell Whitby
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Harrisonville, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Davis
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Laramie, Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Mrs. James Worley (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry A. Whitby Signature
P. O. Box 126, Bonanza, Oregon P. O. Address

Subscribed and sworn to before me this 23rd day of February, 19 42

(SEAL) [illegible] Notary Public, residing at Klamath Falls, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) MY COMMISSION EXPIRES JUNE 7th, 1942.

Received for filing on FEB 25 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 102 022 449

334466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony, Ida.

4. FULL NAME OF CHILD Vernon Thompson

5. Date of Birth of Child (Month, day, year) August 2, 1909.

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9 Mos. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Pearl Almanzie Thompson
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace West Heber (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Eliza Murri
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Midway, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st. (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Lena Thompson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Lewis & Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Dr. Hummel (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena E. Thompson Signature
Box #106 East Helena, Montana P.O. Address

Subscribed and sworn to before me this 21 day of February 1942.

(SEAL) H. M. Morgan Notary Public residing at Helena, Montana

NOTARY PUBLIC for the State of Montana
Residing at Helena, Montana
My commission expires February 20, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mark Hetzer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294 104 025-791

FEB 20 1942

334485

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 294
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 8 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Virginia (b) County
(c) City Nace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address (For registration notice):
Kamiah Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Winston J. Brugh

5. Date of Birth (Month, day, year) Dec. 4, 1909

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Earl R. Brugh
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Nace (City or Town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hettie V. Graybill
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Nace (City or Town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Hettie Brugh (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) 2/14-'42 (Date received) (b) Beulah Brown (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's OWN signature Mrs. Hettie Snowman MD (D.O., Midwife, etc.)
and address ..... Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

415-215028-415

FEB 26 1942

334509

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Michael Bay

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD FLORENCE JESSIE DAVIS

5. Date of Birth (Month, day year) Nov. 15, ~~1909~~

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Henry Davis
11. Color or Race W
12. Age at time of THIS birth 44 yrs.
13. Birthplace Lexington (City or town) Michigan (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business various

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Alvina Davis
17. Color or Race W
18. Age at time of THIS birth 33 yrs.
19. Birthplace Mattemora (City or town) Michigan (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 26 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of MONTANA
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, George Henry Davis, being first duly sworn, say that I am related to (Related to (or) acquainted with) Florence Jessie Davis (Name of person on certificate above) as her father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that there was no one (Name of attendant at birth), who attended said birth, except myself and an older daughter, (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George Henry Davis — Signature
Troy, Montana — P. O. Address

Subscribed and sworn to before me on this 24th day of January, 1942
(SEAL) Emile McNeill Notary Public, residing at Troy, Montana
My commission expires Feb. 15, '44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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632 125 029 319

334519

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R.F.D. 5
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R.F.D. 5
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida

4. FULL NAME OF CHILD Arthur Rudolph Olson

5. Date of Birth of Child (Month, day, year) Aug. 25, 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charley Anton Olson
11. Color or Race W 12. Age at time of THIS birth 38 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Carlson
17. Color or Race W 18. Age at time of THIS birth 28 yrs.
19. Birthplace Bellingham (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 32 years, and that Dr. C. L. Gritman (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charley Anton Olson Signature
Moscow, Idaho Rte. 5, Box 88 P. O. Address

Subscribed and sworn to before me this 24th day of February, 1942

(SEAL) H. Milligan Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mark H. Miller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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753 106 032-962

United States
Department of Commerce,
Bureau of the Census Lincoln

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 26 1942

State File No. 334525
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Jerome~~ (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Jerome~~ Lincoln
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 month yrs.

3. RESIDENCE OF FATHER (city, state) Jerome Idaho

4. FULL NAME OF CHILD Eugene Jerome Peterson

5. Date of Birth of Child (Month, day, year) Sept. 6. 1909.

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ova Leon Peterson
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Fillmore (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Pratt Robison
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Fillmore (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of CALIFORNIA
County of SAN FRANCISCO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Dr. Henning (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ruth Peterson ..... Signature
786 Dolores St San Francisco ..... P. O. Address

Subscribed and sworn to before me this 24 day of Feb., 1942.

(SEAL) Marion M. Bender ..... Notary Public, residing at SAN FRANCISCO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires November 20, 1943

Received for filing on FEB 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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316 206 006 635

1. PLACE OF BIRTH

County of Bingham

City of Shelley

No. Farm Home one St. mile north and one half mile east

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 26 1942

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 334575

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Jane Elzada Lawrence

3. Sex Female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term yes

7. Legitimate? yes

8. Date of birth July 6, 1909 (Month, Day, Year)

FATHER

9. Full name George Howard Lawrence

10. Residence (usual place of abode) (If non-resident, give place and State) Shelley

11. Color or race White | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) American Fork, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm

16. Date (month and year) last engaged in this work July 6, 1909

17. Total time (years) spent in this work 14

MOTHER

18. Full maiden name Pearl Oler

19. Residence (usual place of abode) (If non-resident, give place and State) Shelley

20. Color or race white | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) American Fork Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work _____, 19__

26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 5 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

_____ Registrar.

(Signed) _____, M. D.

or Mrs Elzada A Lawrence, Midwife

Address Shelley Idaho

Filed _____, 193__ July 4-1940. Mabel H Fuller Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Use of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

915 122 014 415

334602

334602

United States
Department of Commerce
Bureau of the Census

JAN 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 2 1942

State File No. 334602
Local Reg. No. 40
Reg. Dist. No. 330

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. Ada Ave
(d) Name of Hospital or Maternity Home: none - born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State State (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. Ada Ave
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lenord D. Rands

5. Date of Birth of Child (Month, day, year) May 22, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Archie A. Rands
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Crawford (City or town) Nebraska (State or foreign country)
14. Exact Occupation clerk
15. Industry or Business grocery store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Dankwerth
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Ogalla (City or town) Nebraska (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living xx

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Stillborn (Born alive, stillborn) at ~ M. on the date and at the place stated above, and that personal particulars were furnished by Archie A. Rands (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature J C Woodward M.D. Midwife Address Payette, Idaho Date 2/27/1942

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 52 years of age, that I have known this person for 32 years, and that J. C. (First name) Woodward (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Archie A Rands Signature

Route 10, Box , Milwaukie, Ore. P. O. Address

Subscribed and sworn to before me this 17th day of January, 1942

(SEAL) Pearl Crafton Notary Public, residing at Portland, Oregon

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES APR. 24, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ~~JAN 19 1942~~ 2/27/1942 by J C Woodward Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

194124 006-595

334638

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334638
Local Reg. No.
Reg. Dist. No.

Bingham

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls Bingham
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Paul Donald Armour

5. Date of Birth of Child (Month, day, year) 10/24/1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Lewis Armour
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace Blairsville, Penn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Ernest
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Newton Hamilton, Penn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 33 years, and that Dr. S. S. Fuller (First name) (Last name), who attended this birth Is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Armour Signature
272 6th. St. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to ~~before me~~ this 21st day of February, 1942

(SEAL) Paul T. Peterson Notary Public, residing at Idaho Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Maud Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-125 040-512

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 334647

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 20 1942

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Black Bear
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
In THIS county 1 years 9 month 0 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Black Bear
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Black Bear
3. RESIDENCE of FATHER (city, state) Black Bear Ida

4. FULL NAME OF CHILD Orval Leo Russell
5. Date of Birth (Month, day, year) June 25 - 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Claude Thomas Russell
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Chanute, Kans. (City or town) (State or foreign country)
14. Exact Occupation Mill Foreman
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Edith Easley
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Galesburg, Kans. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 o'clock P.M. on the date and at the place stated above, and that personal particulars were furnished by Cora Russell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) (Date received) (b) Earl Keefer (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Mrs. Cora Russell M.D. (D.O., Midwife, etc.) mother
and address Date

State of Missouri
County of Jasper } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora Russell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Orval Leo Russell (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Clancy (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Cora Russell Signature

P. O. Address

Subscribed and sworn to before me on this 24th day of January, 1942

(SEAL) Harriett Dawson Notary Public, residing at Joplin, Mo.

My commission expires Jan. 26, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-114 044-156

334652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at Home
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Life yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Edward Albert Coon

5. Date of Birth of Child (Month, day, year) 3-14-1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry M. Coon
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Hebron (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Salome Edna Jewell ~~Coon~~
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Salubria (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ~~Idaho~~ California
County of ~~Ada~~ San Bernardino ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Dr. Schmitz & nurse Tuttle (First name) (Last name), who attended this birth are both deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Salome Edna Jewell Coon Signature
Boise Ida P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942
(SEAL) C. M. Mann Notary Public, residing at Victorville California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mark Helfer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643 219 044 256

334685

United States
Department of Commerce
Bureau of the Census Washington

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 20 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Adams~~ (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD MYRTLE LUCY FULLER

5. Date of Birth of Child (Month, day, year) Nov. 19, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Eugene Myron Fuller
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace St. James, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Knowlton
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Fairmont, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that Dr. Brown (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Hattie Fuller Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of February, 19 42

(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mark Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

256107 029464

334698

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 26 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Near Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Near Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Mandle Snoen

5. Date of Birth of Child (Month, day, year) April 7, 1909

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elling Hans Snoen
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Oslo (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Dombue
17. Color or Race White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Oslo (City or town) Norway (State or foreign country)
20. Exact Occupation Homebuilder
21. Industry or Business Her Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 32 years, and that Mrs. Lunsar (First name) ..... (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness through: Elling Hans Snoen his ..... Signature

Witness Edna Siemmer Troy Idaho ..... P. O. Address

Subscribed and sworn to before me this 26 day of February, 1942.

(SEAL) ..... Notary Public, residing at Troy Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mark Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-117003815

334721

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Near-Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Near-Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Denmark

4. FULL NAME OF CHILD Harry Richard Peterson

5. Date of Birth of Child (Month, day, year) Nov. 17, 1909

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christian Peterson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Brondersley, Denmark (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hansina Hansen
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Brondersley, Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Solution of Boric Acid.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Mary (First name) Turner (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Hansine Hansen Peterson Signature
Grace, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1942

(SEAL) Harold B. Lowe Notary Public, residing at Grace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mark H. Stephens, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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334804

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Wardner, Ida.

4. FULL NAME OF CHILD Aaron Eldon Morgan

5. Date of Birth of Child (Month, day, year) Sep. 30, 1909

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oliver Earl Morgan
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Concordia, Kansas (City or town) (State or foreign country)
14. Exact Occupation Mine Hoisting Engineer
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Ollie Pulley
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Galena, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:50 p. M. on the date and at the place stated above, and that personal particulars were furnished by Mabel Ollie Yant (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Webb City, Mo. Date 2/18/42

State of Missouri
County of Jasper } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 yrs past years, and that Dr. Mason (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Ollie (Pulley) Yant Signature
100 S. Main, Webb City, Missouri P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942.

(SEAL) Notary Public, residing at Webb City, Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Term expires 3/19/44

Received for filing on FEB 24 1942 by Mabel Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-216-033-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 2 1942

State File No. 334821
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Madison (b) City: Rexburg
(c) Street Address or R.F.D. No.: R.D. No. 1
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Madison
(c) City: Rexburg
(d) Street Address or R.F.D. No.: R.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lucile Mc Culloch

5. Date of Birth of Child (Month, day, year) Dec. 16, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Hogge Mc Culloch
11. Color or Race: white
12. Age at time of THIS birth: 29 yrs.
13. Birthplace: Logan (City or town) Utah (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business: Farming and livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Peterson
17. Color or Race: white
18. Age at time of THIS birth: 26 yrs.
19. Birthplace: Logan (City or town) Utah (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Mrs Carren Peterson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Peterson McCulloch Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of February, 19 42

(SEAL) [signature] Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

MAR 5 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ELMER WARREN LAPREE

5. Date of Birth of Child (Month, day, year) Aug. 6, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Burton Raymond Lapree
11. Color or Race white **12.** Age at time of THIS birth 57 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Irion
17. Color or Race white **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ✓ Midwife Address Boise, Idaho Date 3-5-42

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that ..... (First name) (Last name), who attended this birth..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....
(SEAL) .....Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mary F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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813109 008-555 MAR 5 1942 334870

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334870
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City now Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Clarence Peter Hall

5. Date of Birth of Child (Month, day, year) 2-9-1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wootson F. Hall
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Mae Neeb
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Garden Valley, Idaho (City or town) (State or foreign country)
20. Exact Occupation none
21. Industry or Business on ranch

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Wootson F. Hall (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature X Eva A Neeb M.D. Midwife Address Boise, Idaho Date

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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897-105 034864 334889

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 6 1942

State File No. 334889
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County MINADOKA (b) City
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County MINADOKA
(c) City
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) HEYBURN-IDAHO

4. FULL NAME OF CHILD LEWIS BERT HIGGINS

5. Date of Birth of Child (Month, day, year) 4-5-1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME MONROE HIGGINS
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace VIRGINIA (City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME SAMANTHA MAY HOUSTON
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace MILLER COUNTY MO. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FOSTER MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 32 years, and that MONROE (First name) HIGGINS (Last name), who attended this birth, IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samantha E Crosy Signature
1409 E Washington P. O. Address

Subscribed and sworn to before me this 7 day of Feb, 1942
(SEAL) Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Maurel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? All life yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Laretta Linnie ~~Lattreta~~ Cain

5. Date of Birth of Child (Month, day, year) Oct. 9, 1909

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wesley Edward Cain
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Eugene, Oregon (City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adella Elenda Hofhine
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Bancroft, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Adella Elenda Cain (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. ~~Midwife~~ Address 54 W. 1st South Date 2-24-42

State of UTAH
County of SALT LAKE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for 31 years, and that the Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires Mar. 20, 1943 Etta E. Hofhine Signature
54 W. 1st South, Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 24th day of February, 1942

(SEAL) J. Anthony Barley Notary Public, residing at Salt Lake City, Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. ex. 3-20-43

Received for filing on FEB 26 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866 106 029 212

334904

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

MAR 2 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Princeton, Ida

4. FULL NAME OF CHILD Lyman Baker Howell

5. Date of Birth of Child (Month, day, year) Dec. 6 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Oscar Dowell Howell
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Palouse (City or town) Wash. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amanda Luzette Baker
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Shiawassee (City or town) Co Mich (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Nancy (First name) Hawkins (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amanda Luzette Howell Signature
11258 Neb. Ave. West Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me this 24th day of February, 19 42
(SEAL) Albert M. Eagler Notary Public, residing at West Los Angeles
In and for the County of Los Angeles, State of California
My Commission Expires June 19, 1945.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel Helen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863 7 31 003 855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 2 1942

State File No. 334911
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) McCammon Idaho

4. FULL NAME OF CHILD Jerry Preston Holverson Jr.

5. Date of Birth of Child (Month, day, year) July 31, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Jerry Preston Holverson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Cedar County Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer & labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Ann Henris
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Aberdeen, Scotland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: 4 (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 21 years, and that Mrs W. M. Davis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane Ann Holverson Signature
Bx 874 Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of February 1947.
(SEAL) Ed Walker Notary Public, residing at Notary Public for the State of Idaho Residence, Idaho Falls, Idaho. My Commission Expires May 8, 1948
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mary Yeates, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of twins, place one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

334921

Registration District No. MAR 2 1942 State File No.

Prim. Registration District No. Local Registrar's No.

1. PLACE OF BIRTH
County of Latah
City of Kendrick
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Elizabeth Davis Bradbury (Bradbury)

3. Sex Female

If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth 4

6. Premature — Full term yes

7. Legitimate? yes

8. Date of birth Nov 11, 1909 (Month, Day, Year)

FATHER

9. Full name Edward Dutcher Bradbury

10. Residence (usual place of abode) (If non-resident, give place and State) Kendrick Idaho

11. Color or race Am. | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Oswego Oregon

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Banks

16. Date (month and year) last engaged in this work Nov 11, 1909

17. Total time (years) spent in this work 3

MOTHER

18. Full maiden name Caroline Winifred Kopf

19. Residence (usual place of abode) (If non-resident, give place and State) Kendrick Idaho

20. Color or race German | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) New York City New York

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work 18

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

(Signed) , M. D.
or , Midwife
Address

When there was no attending physician or midwife, then the father, householder, etc., should make this return Edward Dutcher Bradbury

Give name added from a supplemental report Nov 11 1909 (Date of)

MAR 2 1942 Registrar.

Filed MAR 3 1942, 193 Mabel Keefer Registrar.

291-211-024-367

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

MAR 2 1942

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ Calif.
County of ~~Latah~~ Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edward Dutcher Bradbury being first duly sworn says that he is the Father BRadbury of Elizabeth Doris Bradbury
(Relationship of child)*

born Nov 11-1909 at Kendrick Latah Co, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Elizabeth Doris Bradbury hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

~~Affiant further~~ states that DR Rathwell ~~M. D. was the Midwife~~ medical attendant at the birth of said Elizabeth Doris Bradbury and that the said medical attendant is Dead
(Now deceased (or) cannot be located)

Name of Affiant Edward Dutcher Bradbury
P. O. Address 234 Lemoine Ave Long Beach Calif

Subscribed and sworn to before me this 24th day of February, 19 42

Mary E Dann
NOTARY PUBLIC Notary Public.
~~Residing at~~ IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA, ~~Idaho.~~
My Commission Expires July 26, 1942

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 2 1942

895-122 029-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334937
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: Troy
(c) Street Address or R.F.D. No.: none
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Troy
(d) Street Address or R.F.D. No.: none
(e) How long has **MOTHER** lived in Idaho? 14Mo. ~~yrs~~

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Edward Hinton

5. Date of Birth of Child (Month, day, year): June 22, 1909

6. Sex: Male

7. Twin or Triplet: No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**: Edward Thompson Hinton
11. Color or Race: White
12. Age at time of THIS birth: 34 yrs.
13. Birthplace: Nodaway Co., Missouri (City or town) (State or foreign country)
14. Exact Occupation: Farm hand
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Ethel Jane Thomas
17. Color or Race: White
18. Age at time of THIS birth: 26 yrs.
19. Birthplace: Chillicothe, Mo. (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: do not know

23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 P. M. M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Hinton (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature | M.D. Midwife | Address | Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Mrs. Hupp (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Jane Hinton Signature

E. 1523 Nebraska Ave., Spokane, Wn P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942.

(SEAL) Notary Public, residing at Spokane, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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264-01-044-758

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 3 1942

State File No. 334955
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 505 East Main
(d) Name of Hospital or Maternity Home: Josephine Hospital
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 1 days
IN **THIS** county 11 years 8 month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 355 West Main
(e) How long has **MOTHER** lived in Idaho? 32 yrs.
(f) Mother's mailing address 843 Ohio Ave Long Beach Calif

3. RESIDENCE of FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD James Peyton Sommercamp

5. Date of Birth (Month, day year) April 1st 1909 7-509

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnancy 9 mos **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Alexander Sommercamp
11. Color or Race white **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Silver City (City or town), Idaho (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Grocery

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby Mary Peyton
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Boise (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mark Kelsey M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ruby Sommercamp, being first duly sworn, say that I am related to (Related to (or) acquainted with) James Peyton Sommercamp (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. B. Shirley (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ruby Sommercamp Signature
843 Ohio Ave Long Beach Calif. Address

MAR 3 1942

Subscribed and sworn to before me on this 23rd day of September 1941
(SEAL) Joe T. Gallagher Notary Public, residing at Weiser Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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563 105003-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334964
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ralph Joseph Volpi

5. Date of Birth of Child (Month, day, year) June 5th 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Volpi
11. Color or Race Caucasian
12. Age at time of THIS birth 30 yrs.
13. Birthplace Berdino (City or town) Italy (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Giannini
17. Color or Race Caucasian
18. Age at time of THIS birth 30 yrs.
19. Birthplace Berdino (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 2/3 years, and that Mildred (First name), Cannon (Last name) who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

witness: [illegible]

Rose Volpi
BEING UNABLE TO WRITE SHE MADE HER MARK IN MY PRESENCE AND I WROTE HER NAME AT HER REQUEST AND IN HER PRESENCE

Rose her X mark Volpi — Signature

[illegible] — P. O. Address

Subscribed and sworn to before me this [illegible] day of February, 1942

(SEAL) [illegible] Notary Public, residing at Oakland, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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619 127-006 296

334977

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Rich
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Rich
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Moreland, Id

4. FULL NAME OF CHILD Melvon Dean Farnsworth

5. Date of Birth of Child (Month, day, year) June 27 1969

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Paul Farnsworth
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Blackfoot Bingham (City or town) (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Emily Brown
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Milford, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Name forgotten (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Brown Campbell Signature
Cabin Camp, St. Anthony, Idaho. P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942.
(SEAL) Leslie M. White Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-102-007-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 3 1942

State File No. 335012
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Ida.

4. FULL NAME OF CHILD Earl Elmer Nash

5. Date of Birth of Child (Month, day, year) Sept. 2, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Leon Nash
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Minn. (City or town) (State or foreign country)
14. Exact Occupation Construction worker
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Alta Mills
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Bedford Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 2%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 4:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Maude Mills Nash (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. ~~Midwife~~ Address Hailey Ida Date 2/24/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318 205022128

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. 335039
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont.
(c) City St. Anthony.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Teton, Idaho.

4. FULL NAME OF CHILD Rula Blanche Taylor.

5. Date of Birth of Child (Month, day, year) Nov. 5 - 1909.

6. Sex Female. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Earl Taylor.
11. Color or Race White 12. Age at time of THIS birth 20 yrs.
13. Birthplace Willard (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Esta Ashcraft.
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Robinson (City or town) Indiana. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for thirty-two years, and that Dr. (First name) West (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires June 6, 1943 Mrs. Lula Taylor Signature
131 East 65th St. Los Angeles. P. O. Address

Subscribed and sworn to before me this 9th day of February, 1942

(SEAL) A. Catherine Miller Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mabel Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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335060

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lapwai -Rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 42 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai, - Rural
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Lapwai, Idaho

4. FULL NAME OF CHILD Michael Paul Raymond

5. Date of Birth of Child (Month, day, year) June 10, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Raymond
11. Color or Race Indian
12. Age at time of THIS birth 48 yrs.
13. Birthplace [redacted] (City or town) Montana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Albert
17. Color or Race Indian
18. Age at time of THIS birth 42 yrs.
19. Birthplace Troy (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child [redacted] (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Raymond (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Cecelia Albert [redacted] M.D. [redacted]dwife Address Lapwai, Idaho Date 2/21/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DT

12/24/1993

DIED WA ALSO SEE WA 93-90477

432-209 016-49

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335062
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CASSIA (b) City OAKLEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City OAKLEY
(d) Street Address or R.F.D. No. MAIN ST
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) OAKLEY, IDAHO

4. FULL NAME OF CHILD LENNA LOUISE McBRIDE

5. Date of Birth of Child (Month, day, year) SEPT 9, 1909

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME JOHN JAMES McBRIDE
11. Color or Race WHITE **12.** Age at time of THIS birth 34 yrs.
13. Birthplace GRANTSVILLE, UTAH (City or town) (State or foreign country)
14. Exact Occupation LABOR
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ADDIE ELNORA MARCUS
17. Color or Race WHITE **18.** Age at time of THIS birth 27 yrs.
19. Birthplace BATON ROUGE, LOUISIANA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that Mr Court Adkins (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Johnnie Bryde ..... Signature
Salt Lake City ..... P. O. Address

Subscribed and sworn to before me this 23rd day of February, 19 42
(SEAL) E. M. Shea ..... Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by Mabel H. Geiser, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

257 111 008 431 335081 **335081**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 7 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Horseshoe Bend
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Horseshoe Bend
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Horseshoe Bend, Ida

4. FULL NAME OF CHILD Judson Clarence Sego

5. Date of Birth of Child (Month, day, year) May 11, 1909

6. Sex Male **7. Twin or Triplet** If so—born 1st, 2nd, 3rd **8. No. months of Pregnacy** 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Arthur Lincoln Sego
11. Color or Race White **12. Age at time of THIS birth** 45 yrs.
13. Birthplace Baxter (City or town), Iowa (State or foreign country)
14. Exact Occupation Carpenter & Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amelia McAskill
17. Color or Race White **18. Age at time of THIS birth** 30 yrs.
19. Birthplace Eureka (City or town), Nevada (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argo 3

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Burton O'Clock **M.D.** ~~Midwife~~ Address Vet Admin Boise Ida Date 3-3-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by Maurel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313108 025-365 335092 **335092**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Oliver Calkins

5. Date of Birth of Child (Month, day, year) Sep 8, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Leaon Calkins
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Grand Island (City or town) Nebraska (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Eveline Tweedy
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Valley City (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Columbia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for since birth years, and that Mrs Inez Hendricks (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Eveline Calkins Signature
R. F. D # 1, Dayton, Washington P. O. Address

Subscribed and sworn to before me this 24th day of February, 19 42.
(SEAL) Ann Sturdevant Notary Public, residing at Dayton, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Maurl F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-114-016-381

335109

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 9 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 335109
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Cassia (b) City Burhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At the home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burhl
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Burhl Idaho
3. RESIDENCE of FATHER (city, state): Burhl Idaho

4. FULL NAME OF CHILD Charles Lawrence Bates
5. Date of Birth (Month, day, year) July 14 1909
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Lawrence Bates
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Obapah (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherine Margaret Chapman
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace White Pine County (City or town) Nevada (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 9 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Katie Bates, being first duly sworn, say that I am mother (Related to (or) acquainted with) as Charles Lawrence Bates (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr McCluskey (Name of attendant at birth), who attended said birth, is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Katie Bates
Signature
P. O. Address

Subscribed and sworn to before me on this 9th day of March, 1942

(SEAL) Marion E. Ore Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-101-020-165

335110

United States
Department of Commerce
Bureau of the Census

MAR 9 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335110
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Pine
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: John Howard's Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Pine
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Pine, Idaho

4. FULL NAME OF CHILD Melvin Otis Howard

5. Date of Birth of Child (Month, day, year) Aug. 1st 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Henry Howard Sr
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Martinville (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer & miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Jones
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Kingston (City or town) Texas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that Elisabeth Winter's (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Jones Howard X Signature
Pine Idaho P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942
(SEAL) Myrna L. Greenes Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Maurl F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433 224 007 918

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335142
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picano
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hattie Katherin Chaney McCoy

5. Date of Birth of Child (Month, day, year) May 24, 1909

6. Sex Fe male **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Steven A. Douglas Chaney
11. Color or Race white **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Fairport (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Elizabeth Ray
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Johnson Co (City or town) Mo. (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child, 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 33 years, and that Mrs. Malisa Tipton (First name) (Last name), who attended this birth now deceasad. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Elizabeth Ray Chaney Signature
Bellevue, Idaho. P. O. Address

Subscribed and sworn to before me this 11th. day of Feb. 1942

(SEAL) R. McCoy Notary Public, residing at Hailey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel Gilchrist, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434 109 010-168

335150

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Lincoln
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Lincoln
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Fred McMullin

5. Date of Birth of Child (Month, day, year) Aug. 9, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willard Eli McMullin
11. Color or Race American
12. Age at time of THIS birth 24 yrs.
13. Birthplace Harrisburg (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Henrietta Johnson
17. Color or Race American
18. Age at time of THIS birth 22 yrs.
19. Birthplace Lehi (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. **Name prophylactic** used to prevent Ophthalmia Neonatorum

23. **Number of children** of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that Mrs. Rowberry (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Willard Eli McMullin Signature

Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of February, 19 42

(SEAL) [illegible] Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

951.127-009-797

335235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonners (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonners
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Harry William Heathershaw

5. Date of Birth of Child (Month, day, year) April 27 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bert Heathershaw
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Edwina Piper
17. Color or Race White
18. Age at time of THIS birth 24½ yrs.
19. Birthplace Raritan Illinois (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum A & No 3

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Chelan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for years, and that Dr. Eshes E. Fry (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada E. Sahlberg — Signature
P.O. Box 484 236 Pennsylvania ave. Wenatchee Wash. — P. O. Address

Subscribed and sworn to before me this 20 day of Dec 1941

(SEAL) H. J. Chenoweth — Notary Public, residing at Wenatchee Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mabel H. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

597-210-009-316

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335243
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Westmond
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 2 yrs months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Westmond
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Gertrude Alice Vigue

5. Date of Birth of Child (Month, day, year) Feb 10th 1909

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mo. **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Edwin A. Vigue
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Marinette (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia La Fore
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Fon du Lac (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Mid wife deceased. (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for since birth years, and that Anna Jenne (First name) (Last name), who attended this birth in now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia La Fore Vigue Signature
Opportunity, Washington P. O. Address

Subscribed and sworn to before me this 24th day of February, 19 42
(SEAL) Isabelle Johnson Notary Public, residing at Opportunity
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mabel Weeden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215 722 009-249

335276

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. Ella St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. Ella St
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Idaho

4. FULL NAME OF CHILD Harvey Eugene Bankes

5. Date of Birth of Child (Month, day, year) Feb 22 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harvey Lee Bankes
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Richland Center (City or town) Wisconsin (State or foreign country)
14. Exact Occupation water system
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Lucretia Smith
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Montreal (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.) Unknown

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that ✓ (First name) ✓ (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H. L. Bankes
Signature

Etacada Oregon
P. O. Address

Subscribed and sworn to before me this 2 day of March, 1942

(SEAL) Guy H. Paccuck Notary ~~Public, residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Cora L Hunt Dep

Received for filing on MAR 4 1942 by Mabel Kleber, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-213-042-993

335377

United States
Department of Commerce
Bureau of the Census

MAR 10 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335377
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 34 months 3 days 5

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD Ethel Kerley

5. Date of Birth of Child (Month, day, year) June 13, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Oxyer Kerley
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Big Lick, Tenn. (City or town) (State or foreign country)
14. Exact Occupation Real Estate Salesman
15. Industry or Business Real Estate

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Richardson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Big Lick, Tenn. (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 33 years, and that Dr. Monroe (First name) Dr Monroe (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Kerley — Signature
429 S 19 St Boise Ida. — P. O. Address

Subscribed and sworn to before me this 10th day of March 1942

(SEAL) L. W. Waters — Notary Public for the State of Idaho
Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission Expires Jan. 20, 1945

Received for filing on MAR 10 1942 by Maud F. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-117-009-261 335381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH MAR 10 1942
STATE OF IDAHO

State File No. 335381
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNER (b) City SANDPOINT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: PAGES HOSPITAL
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Two years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNER
(c) City DOVER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? EIGHT yrs.

3. RESIDENCE OF FATHER (city, state) DOVER, IDAHO

4. FULL NAME OF CHILD FREDOLPH SVEN BENSON

5. Date of Birth of Child (Month, day, year) NOVEMBER 17th 1941

6. Sex No

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ADOLPH MAGNUS BENSON
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace FALUN (City or town) SWEDEN (State or foreign country)
14. Exact Occupation GRADER
15. Industry or Business LUMBER MANUFACTURE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELNA CAROLINE JOSEPHINA SVENSON
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace STOCKRYD (City or town) SWEDEN (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN

23. Number of children of this mother: (a) At time of birth and including this child TWO. (b) Born alive and now living THREE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of NEZ PERCE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty One years of age, that I have known this person for thirty two years, and that DR Mansiago (First name) (Last name), who attended this birth Is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elna Benson Signature
COEUR D'ALENE, IDAHO P. O. Address

Subscribed and sworn to before me this 9 day of March, 1942
(SEAL) James McMonigle Notary Public, residing at Lewiston, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-127-040-219

FEB 26 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 385404

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Birth at family home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? one yrs.
(f) Mother's mailing address Mullan, Idaho

3. RESIDENCE of FATHER (city, state) Mullan, Ida

4. FULL NAME OF CHILD Robert Dent Thomas

5. Date of Birth (Month, day, year) 12-27-09

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Dent Thomas
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Covington, Kentucky (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Lee Bailey
17. Color or Race white
18. Age at time of THIS birth ..... yrs.
19. Birthplace Kentucky (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Shelby Lee Thomas (First name) (Last name), who is related to this child as uncle (Mother, etc.)

26. (a) ..... (Date received) (b) Mabel K Kelsey (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature F W Rolfs M.D. (D.O., Midwife, etc.) and address Mullan, Idaho Date

State of ..... County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this 13th day of March, 1941

(SEAL) ..... Notary Public, residing at Mullan, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

9-S.102.022-597

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335419
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: my own residence.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho, St. Anthony

4. FULL NAME OF CHILD Wilburn Porter Reed

5. Date of Birth of Child (Month, day, year) Sept. 2, 1909

6. Sex male 7. Twin or Triplet no. If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy nine 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Frank Wilburn Reed
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace St. Anthony, Idaho. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Jennie Erpenbach
17. Color or Race White. 18. Age at time of THIS birth 20 yrs.
19. Birthplace St. Anthony, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Agnes Jennie Reed (First name) (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature Agnes Jennie Reed ~~M.D.~~ ~~Midwife~~ mother Address Driggs, Idaho Date March 3, 1942

State of Idaho
County of Teton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that William Hummel (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Jennie Reed Signature
Driggs, Idaho. P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942.

(SEAL) Amy W. Clark Notary Public, residing at Driggs, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mary K. Leffler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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257-118-022-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335448
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Kilgore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years X months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Kilgore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Kilgore, Idaho

4. FULL NAME OF CHILD Vernon George Kelson

5. Date of Birth of Child (Month, day, year) March 18th 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Kelson
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Elsinore (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Jane Petersen
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Richfield (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Yamhill } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 33 years, and that Mrs. (First name) Mortensen (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nellie Kelson Signature
Carlton, Oregon. P. O. Address

Subscribed and sworn to before me this 28th day of February, 19 42.
(SEAL) [illegible] Notary Public, residing at Carlton Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires May 3-1943

Received for filing on MAR 6 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662-105-040-316

335479

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. 123 High Bank
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. 123 High Bank
(e) How long has **MOTHER** lived in Idaho? 9 mos.

3. RESIDENCE OF FATHER (city, state) Wallace, Idaho

4. FULL NAME OF CHILD Vincent Laflin Foster

5. Date of Birth of Child (Month, day, year) May 5 - 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Ray Foster
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Maple Grove (City or town), Hen. Co. Minn. (State or foreign country)
14. Exact Occupation Sheet Metal Worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Lou Laflin
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Maple Grove (City or town), Hen. Co. Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 33 years, and that Dr. ? St Jean (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel L. Foster — Signature
3613 N. Atlantic, Spokane, Wn. — P.O. Address

Subscribed and sworn to before me this 26th day of February, 19 42

(SEAL) [signature] Notary Public, residing at Spokane, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Filed for filing on FEB 28 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington
County of Spokane } ss.

Certificate No. 335479

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Vincent Laflin Foster (Name on Original Certificate) who Born (Was Born or Died) on May 5, 1908 (Date of Event) in Wallace Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 15 - 1908 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth date	May 5, 1909	May 5, 1908

Subscribed and sworn to before me this 3rd day of June, 1949

B E Hayenaki
Notary Public, residing at Spokane
My commission expires Dec. 14 - 1949
(Seal)

Signed V L Foster (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

N-3613 Atlantic Spokane (12) Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Spokane } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of June, 1949

B E Hayenaki
Notary Public, residing at Spokane
My commission expires Dec. 14 - 1949
(Seal)

Signed Ethel L Foster (mother)
(Signature of Any Credible Person)

N 3613 Atlantic Spokane (12) Wash
(Street Address, City, State)

815-103 022-897

FEB 28 1942

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335486
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years 3 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Same as above

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Andrew Wesley Hansen

5. Date of Birth (Month, day year) July 3rd, 09

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew Hansen
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Malinda Alvira Higley
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Tooele (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Malinda Alvira Hansen, being first duly sworn, say that I am related (Related to (or) acquainted with) Andrew Wesley Hansen (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Hyde (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Malinda Alvira Hansen Signature
Rexburg, R.FD # 1, Idaho P. O. Address

Subscribed and sworn to before me on this 24th day of February 1942.
(SEAL) D. W. Smith Notary Public, residing at Rexburg, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

463-113-006-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 6 1942

State File No. 335487
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Urias Dockstader

5. Date of Birth of Child (Month, day, year) May 13, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Oscar Dockstader
11. Color or Race white **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Cedar Ville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Romanta Keller
17. Color or Race white **18.** Age at time of THIS birth yrs.
19. Birthplace Mantua Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Family Record (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 33 years, and that William Oscar Dockstader (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grant Dockstader Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 4 day of March, 1942
(SEAL) Ben C. Johnson Notary Public, residing at Preston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-215-014-493

FEB 28 1942 335504

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
IN **THIS** county 5 years 0 month 0 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Parma Canyon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address 2799 SW Jd Portland Ore
3. RESIDENCE of FATHER (city, state) Milwaukie Ore.

4. FULL NAME OF CHILD Rose Hallie Clark
5. Date of Birth (Month, day year) Oct. 15, 1909
6. Sex Female
7. Twin or Triplet No If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Guy Lewis Clark
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Rochester N.Y. (City or town) (State or foreign country)
14. Exact Occupation Railroad Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude E Mitchell
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Knoxville Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7-45 P.M. on the date and at the place stated above, and that personal particulars were furnished by Maude M. Clark (First name) (Last name), who is related to this child as Mother (Mother, etc.) My record of birth shows above facts
26. (a) (Date received) (b) Mary Helen (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's **OWN** signature William E. Waldrop M.D. (D.O., Midwife, etc.)
and address Id. Soldiers Home Boise Date 10-17-41

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

.....Signature
.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

558-126-029-558

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333318
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
Born at our home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 7 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Potlatch, Ida.

4. FULL NAME OF CHILD Earl Bonawitz Neher

5. Date of Birth of Child (Month, day, year) May 26, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Glenn Elsworth Neher
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Piermont, Indiana (City or town) (State or foreign country)
14. Exact Occupation Lumber trimmer
15. Industry or Business Lumber Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Marion Neher
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Disko, Indiana (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ida Pangburn (First name) (Last name), who is related to this child as grandmother (Mother, etc.)

25. Attendant's **OWN** signature X Ida Pangburn ~~M.D.~~ Midwife Address X 208 S. N.W. Johnson St Date X 2/22/42

State of) ss.
County of)

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Dr. Thompson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Marion Neher Signature
4615 W Fruit house St P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942

(SEAL) Georges Bradley Notary Public, residing at Spokane Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible], Idaho Code Annotated.)

Received for filing on MAR 9 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-124-003-855

335519

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 21 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Marvin Euart Scott

5. Date of Birth of Child (Month, day, year) April 24, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Michael Euart Scott
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Scranton, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Railroad man--Freight house
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laurette V. Henson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Franklin, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name ~~prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Laurette Scott (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature William F. Howard M.D. Midwife Address Pocatello Idaho Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Howard (First name) F. M. D. (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laurette V. Henson Scott Signature
343 Herbert Ave., Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 24th day of February 1942, 19

(SEAL) Benjamin Green Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by Mabel Henderson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-207-007-534

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335523
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Tikura
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Tikura
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Tikura Idaho

4. FULL NAME OF CHILD RUTH DAE STRUNK

5. Date of Birth of Child (Month, day, year) July 7, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Strunk
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Elmore
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Charity Kelly (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Strunk ..... Signature
12610 Hawthorne Hawthorne Calif. P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942

(SEAL) Georgia C. Wade ..... Notary Public, residing at Lawndale, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my com. expires Sept 29, 1942

Received for filing on MAR 9 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-128-032-312

335524

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Everett Thomas Fields

5. Date of Birth of Child (Month, day, year) May 28, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willard M. Fields
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Lasure
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) West Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that W. H. Baugh (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Fields Signature
Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942

(SEAL) G M Mahon Notary Public, residing at Shoshone, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

035-[illegible]-028433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335532
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Louis Lew Blossom

5. Date of Birth of Child (Month, day, year) Jan 17, 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME ALLAN DeForrest Blossom
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy McConnel
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the older sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 33 years, and that Dr. McClain (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Dorothy Nerheim Signature
1928 E. Sharp Ave., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 4th day of March, 1942

(SEAL) A. W. Dolphin Notary Public, residing at Spokane.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mary Pfeifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-204-006-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335543
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Violet Gertrude Hall

5. Date of Birth of Child (Month, day, year) Feb. 4, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Emery Jay Hall
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Lamont (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer + Mail Carrier
15. Industry or Business Farming + Mail Route

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Johanna Hook
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Leicester (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for all her life years, and that Mrs (First name) Denning (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Hall Anglesey — Signature
Rigby, Route #2 Idaho. — P. O. Address

Subscribed and sworn to before me this 27th day of February, 1942.

(SEAL) George McLaren — Notary Public, residing at Menan, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mildred Helsten, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or stamps.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which [illegible] subsequent to such date, such report may be received and [illegible] record in the Bureau of Vital Statistics [illegible] prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-116-042-319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335558
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City ST. ANTHONY
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 11 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City ST. ANTHONY
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) ST. ANTHONY, IDAHO

4. FULL NAME OF CHILD CHARLES CALDWELL

5. Date of Birth of Child (Month, day, year) APRIL 16th 1909

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy NINE 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES CALDWELL SR.
11. Color or Race WHITE 12. Age at time of THIS birth 22 yrs.
13. Birthplace SALT LAKE CITY (City or town) UTAH (State or foreign country)
14. Exact Occupation PLASTERER
15. Industry or Business BUSINESS

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LOTTIE CARLSON
17. Color or Race WHITE 18. Age at time of THIS birth 18 yrs.
19. Birthplace SWEDEN (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~ BARIC ACID
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at SIX A.M. on the date and at the place stated above, and that personal particulars were furnished by CHARLES (First name) CALDWELL SR. (Last name) who is related to this child as FATHER (Mother, etc.)

Charles Caldwell Sr.

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that RENA MYRA WILSON (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Caldwell Sr.
CHARLES CALDWELL SR. Signature
1166 EAST LOS ANGELES CALIF. P. O. Address

Subscribed and sworn to before me this 5th day of Feb, 1942

(SEAL) Notary Public, residing at 422 Compton Ave Los Angeles Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 27 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-109-044-363

335571

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Wash (b) City: Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Wash
(c) City: Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Ida[redacted]

4. FULL NAME OF CHILD Raymond Roy Shaw

5. Date of Birth of Child (Month, day, year) April 9 1909

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd 2 **8.** No. months of Pregnacy 9 **9.** Legitimate? yes MIDVALE

FATHER OF CHILD

10. FULL NAME Walter Berry Shaw
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Blackfoot (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Lumberman

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Mazettie Colson
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Salubria (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living [redacted]2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 33 years, and that Dr. Hamilton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel Mazettie Jackson Signature
Mountain Home, Idaho. P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942.
(SEAL) C. E. Marcell Notary Public, residing at Mtn. Home, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-22-6014-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335604
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Canyon (b) City: Emmett
(c) Street Address or R.F.D. No.: townsite
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Emmett.
(d) Street Address or R.F.D. No.: Townsite
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Emmitt, Idaho.

4. FULL NAME OF CHILD Elva Ursula Denney (Deeley)

5. Date of Birth of Child (Month, day, year) Nov. 26, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd Single

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Franklin Gold Denney
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Salt Lake City, Utah, (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL NAME Ursula Rebeca Wilkins
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Farm Alabama. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argoroil

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Liv

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Unknown (First name) (Last name), who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Franklin Gold Denney Signature
Paul, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of March, 19 42.
(SEAL) [illegible] Notary Public, residing at Paul, Idaho.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 4 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

DUP OF 1909-330625

845-122-2470-413

335605

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. 720 Maple
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. 720 Maple
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace Ida

4. FULL NAME OF CHILD Paul Rudolph Huellemann

5. Date of Birth of Child (Month, day, year) July 22, 1909

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Otto Huellemann
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Halle (City or town) Germany (State or foreign country)
14. Exact Occupation Tailor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Emilie Matthey
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace La Sagne (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for all his life years, and that Mrs. Moffett (First name) (Last name), who attended this birth and where she is now unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche Emilie Huellemann Signature
720 Maple St. Wallace Idaho P. O. Address

Subscribed and sworn to before me this 2 day of March, 19 42
(SEAL) Geo. H. Haller Notary Public, residing at Wallace,
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by Maud Kiefer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847-220-044-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335622
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years 8 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale, Idaho

4. FULL NAME OF CHILD Delta Hopper

5. Date of Birth of Child (Month, day, year) Oct. 20, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sterling Anderson Hopper
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nannie Malissa Macomb
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Albion Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by Hopper Nannie Malissa (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mrs Ella Wicks M.D. Midwife Address Midvale Idaho Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 9th day of February, 1942.

(SEAL) J. J. Goodwright Notary Public, residing at Midvale Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-23-0448-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335623
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 33 years 7 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale Idaho

4. FULL NAME OF CHILD Eugene Elvin Hopper

5. Date of Birth of Child (Month, day, year) March 23 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sterling Anderson Hopper
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nannie Malissa Macomb
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 A.M. on the date and at the place stated above and that personal particulars were furnished by Hopper Nannie Malissa (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Ella Wicks M.D. Midwife Address Midvale Idaho Date Feb 9 1942

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this 9th day of February 1942.
(SEAL) J. W. Goodnight Notary Public, residing at Midvale Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-119-023-633

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335690
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Gem (b) City: Ola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at residence
(e) Mother's stay BEFORE delivery: IN THIS county 18 years 6 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Gem
(c) City: Ola
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Ola, Idaho

4. FULL NAME OF CHILD Merle Elmer Williams

5. Date of Birth of Child (Month, day, year) Nov. 19, 1909

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Elmer Williams
11. Color or Race: White
12. Age at time of THIS birth: 27 yrs.
13. Birthplace: Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation: Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Nellie A. Otto
17. Color or Race: White
18. Age at time of THIS birth: 18 yrs.
19. Birthplace: Ola, Idaho (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Oregon
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Ora Jane Bailey (First name) (Last name), who attended this birth now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elmer Williams ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 27th day of Feb., 1942

(SEAL) Raymond Isaacs ..... Notary Public, residing at Portland Ore

MY COMMISSION EXPIRES APRIL 15, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-44-025-966

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 2 1942

State File No. 335714
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in her home at White Bird Ida
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 31 months 6 days 5

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) White Bird

4. FULL NAME OF CHILD Richard Roland Nash

5. Date of Birth of Child (Month, day, year) Aug 14th 1909

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Patrick Henry Nash
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Chapman (City or town) Kansas (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Rowe
17. Color or Race White American
18. Age at time of THIS birth 28 yrs.
19. Birthplace Evansville (City or town) Indiana (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 33 years, and that Dr. Wilson Fosket (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Annie Nash Signature
Washougal, Washington. P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942
(SEAL) L G Moody Notary Public, residing at Washougal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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241-209, 222-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335749
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremount (b) City Grant
(c) Street Address or R.F.D. No. R. F. D. 5
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremount
(c) City Grant
(d) Street Address or R.F.D. No. R. F. D. 5
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LAPRIEL BOAM ~~COURTLE~~

5. Date of Birth of Child (Month, day, year) SEPT. 9, 1909

6. Sex FEMALE 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnacy 9 mo. 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FREDRICK W. BOAM
11. Color or Race WHITE 12. Age at time of THIS birth 31 yrs.
13. Birthplace MILL CREEK (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AGNESS N. BUTTLER
17. Color or Race WHITE 18. Age at time of THIS birth 31 yrs.
19. Birthplace SALT LAKE CITY (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of BONNEVILLE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that DR. TUCKER (First name) (Last name), who attended this birth IS DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Maffield Signature

R. F. D. 2 IDAHO FALLS, IDAHO P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942

(SEAL) A. H. Wilkie Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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351-119-003-751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335762
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. 1029 N. Harrison
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 9 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No. 1029 N. HARRISO
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Id.

4. FULL NAME OF CHILD JOHN ALQUIN TEATS

5. Date of Birth of Child (Month, day, year) Nov. 19, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** BURT A. TEATS
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace CENTRAL CITY, COLORADO (City or town) (State or foreign country)
14. Exact Occupation LOCOMOTIVE MACHINIST
15. Industry or Business WORKING FOR OREGON SHORT LINE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ELLEN LEAHY
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs.
19. Birthplace CENTRAL CITY, COLORADO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~10% ARGYROL~~

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Montana
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that DR. WRIGHT (First name) (Last name), who attended this birth IS DEAD (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Burt A. Teats
Signature

217 N. EARLING, MILES CITY, MONT.
P. O. Address

Subscribed and sworn to before me this 24 day of March, 1942

(SEAL)

Notary Public, residing at Miles City, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-72-0493-493

United States
Department of Commerce
Bureau of the Census

MAR 2 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335778
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Scott Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Scott Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Howard Williams

5. Date of Birth of Child (Month, day, year) 1/12/1909

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Emory A. Williams
11. Color or Race white **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Wharton, Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Libby Miller
17. Color or Race white **18.** Age at time of THIS birth 46 yrs.
19. Birthplace Newton-Hamilton, Penn. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 33 years, and that Mrs. Dan Higgins (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Williams Signature
Cascade, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of February, 19 42
(SEAL) Randall Wilkes Notary Public, residing at Cascade, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel F. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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113-218-033-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 3 1942

State File No. 335795
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County MADISON (b) City REXBURG IDA
(c) Street Address or R F D No. COLLEGE AVE
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 3 years 2 months 15 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County BONNEVILLE
(c) City IDAHO FALLS IDAHO
(d) Street Address or R.F.D. No. 200-13 ST
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
(f) Mother's mailing address 200-13 ST IDAHO FALLS

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** DONNA JEAN MORGAN JACOBSEN

5. Date of Birth (Month, day, year) 6-18-1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HARRY J MORGAN
11. Color or Race WHITE AMERICAN
12. Age at time of THIS birth 24 yrs.
13. Birthplace MILL CREEK (City or town) UTAH (State or foreign country)
14. Exact Occupation TELEPOHNE MANAGER
15. Industry or Business TELEPHONE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** PEARL ANNIE HARROP
17. Color or Race WHITE AMERICAN
18. Age at time of THIS birth 21 years
19. Birthplace LABELLE (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business SEE ABOVE

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was — (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mabel Webb (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of IDAHO
County of BONNEVILLE } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I PEARL ANNIE MORGAN, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) DONNA JEAN MORGAN (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. GEORGE HYDE (Name of attendant at birth), who attended said birth IS DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Pearl Annie Morgan ..... Name
200-13th St. Idaho Falls Idaho ..... P. O. Address

MAR 3 1942

Subscribed and sworn to before me on this 24th day of February 1942

(SEAL) ..... Notary Public, residing at ..... Notary Public for the State of Idaho
Residence, Idaho Falls, Idaho;
My Commission Expires May 8, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 10 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 335803

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Latah
City of Genesee
No. _____ St.
Idaho.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Hazel Lola Hart

3. Sex F

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term yes

7. Legitimate? yes

8. Date of birth May 31, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Emmet Franklin Hart	18. Full maiden name Matilda Darr
10. Residence (usual place of abode) (If non-resident, give place and State) Genesee Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Genesee Idaho
11. Color or race white 12. Age at last birthday 36 (years)	20. Color or race White 21. Age at last birthday 34 (years)
13. Birthplace (city or place) Bigspring (State or Country) Missouri	22. Birthplace (city or place) Emerson (State or Country) Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work _____, 1909	25. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work 12 yrs	26. Total time (years) spent in this work 12 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation ~~9 mo.~~ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 a. m. on the date above stated.
(Born Alive or ~~Stillborn~~)

(Signed) ~~Rachie~~ L. Darr, Nurse ~~M. D.~~
or _____, Midwife
Address Outlook Wash

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

Filed Mch 2, 1942 ~~[illegible]~~
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

819-231-0 29-419

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Yakima } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Matilda Hart being first duly sworn says that she is the mother of Hazel Lola Hart
(Relationship of child)*

born May 31 - 1909 at Genesee, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Hazel Lola Hart hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Conant M. D. was the Midwife medical attendant at the birth of said Hazel Lola Hart and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Matilda Hart
P. O. Address Outlook Wash

Subscribed and sworn to before me this 2nd day of March, 194

L H Stone
Notary Public.

Residing at Sunnyside Wash, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

251.214.042.643

335810

335810

United States Department of Commerce
Bureau of the Census

MAR 12 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335810
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: 6 miles out on Ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls

4. FULL NAME OF CHILD Ila Margarette Beatty

5. Date of Birth of Child (Month, day, year) June 16 1909

6. Sex **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME George Mathew Beatty
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Twin Falls (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Vilate Fuller
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Cedar City (City or town) Iron Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Hester Morgan (First name) (Last name), who attended this birth ~~is now deceased~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vilate Beatty Signature
Boise R.5 Ida P. O. Address

Subscribed and sworn to before me this 10th day of March, 1942.
(SEAL) Dorothy M. Gray Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-108-029-265 335816

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335816
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta, Idaho
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Juliaetta, Ida.

4. FULL NAME OF CHILD Albert Charles Cox

5. Date of Birth of Child (Month, day, year) Jan. 8, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Cox
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Middle Stewiacke, Nova Scotia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lelia Bonnell
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Middle Stewiacke, Nova Scotia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 33 years, and that Dr. John E. Hoyt (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lelia Bonnell Kent Cox Signature
Kendrick, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of March, 1942.

(SEAL) Lawrence E. Hoff Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-121-001-869 335825

United States Department of Commerce Bureau of the Census — MAR 12 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335825
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: R. F. D.
(d) Name of Hospital or Maternity Home: At home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: R. F. D.
(e) How long has **MOTHER** lived in Idaho? 7 1 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Oliver Adolph McGinley

5. Date of Birth of Child (Month, day, year) Feb 21, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Henry McGinley
11. Color or Race White
12. Age at time of THIS birth 60 yrs.
13. Birthplace Philadelphia (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation miner
15. Industry or Business was in stock business at one time

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie May York
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Baker City (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Argyol
23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Nellie (First name) May York (Last name) who is related to this child as Mother (Mother, etc.) McGinley

25. Attendant's **OWN** signature Fred A Falendy M.D. Midwife Address Boise Idaho Date 3/12/42

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mary E Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-215-01X-291 335827

United States Department of Commerce Bureau of the Census

MAR 13 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335837
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. 321 W. Main St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? life yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Nanna Pearl Allen

5. Date of Birth of Child (Month, day, year) April 15, 1942

6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Allen
11. Color or Race White 12. Age at time of THIS birth 49 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Merchant Lumberman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Bradford
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Emmett Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum agnos. [illegible]
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Burton O Clark M.D. ~~Midwife~~ Address Veterans Adm Boise Ida Date 1-31-41

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mabel F. Eldar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

592-229-028-239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335863
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootania (b) City Post Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootania
(c) City Post Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 8 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls Ida

4. FULL NAME OF CHILD Helen Lucile Erb

5. Date of Birth of Child (Month, day, year) OCT. 29 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Christian David Erb
11. Color or Race white **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Steinheim (City or town) Germany (State or foreign country)
14. Exact Occupation pastor of a church
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Stienbrecher
17. Color or Race white **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Burlington (City or town) Iowa (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for since birth (First name) years, and that mother a nurse (Last name), who attended this birth birth unattended (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie Erb ..... Signature
Woodb Hubbard, Oregon ..... P. O. Address

Subscribed and sworn to before me this 2d day of March, 1942.

(SEAL) H. Norman ..... Notary Public, residing at Woodburn, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires 7-1-42

Received for filing on MAR 5 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-222-035-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335882
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 101 Snake river ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 101 S.R. ave
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston Idaho

4. FULL NAME OF CHILD Norma Virginia Loeffler

5. Date of Birth of Child (Month, day, year) June 22 1909

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederick John Loeffler
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Wittenberg (City or town) Germany (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Katherine Green
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Mirka Colony (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 9 years of age, that I have known this person for 9 years, and that Mrs Paul (First name) Sipes (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Anna Loeffler ..... Signature
..... P. O. Address

Subscribed and sworn to before me this 25th day of February, 1942.
(SEAL) C. Glenn Bauman Notary Public, residing at Lewiston.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Mark T. Reed, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

N2-112-035-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335893
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lookout, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lookout
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Lookout, Ida.

4. FULL NAME OF CHILD Walter William Pabst

5. Date of Birth of Child (Month, day, year) April 12, 1909

6. Sex Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd /0th

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herman A. Pabst
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Dedtum, Germany (City or town) (State or foreign country)
14. Exact Occupation General Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothy Katherine Linnecke
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Ebstorf, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --------

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 33 years, and that Dr. J. J. Herrington (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dorothy Katherine Linnecke-Pabst Signature
Route No. 2, Coeur d' Alene, Ida. P. O. Address

Subscribed and sworn to before me this 28th day of February, 1942.

(SEAL) [illegible] Notary Public, residing at Coeur d' Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mabel Heffern, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-012-022-867

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 11 1942

State File No. 335895
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Veda Lucille Jensen ~~(Byrne)~~

5. Date of Birth of Child (Month, day, year) Nov. 12, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Peter Jensen
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ogden, Utah. (City or town) (State or foreign country)
14. Exact Occupation Meat Cutter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Hopkins
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Smithfield, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Dr. George (First name) Hyde (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Hopkins Jensen Byrne Signature
Box 252 Rexburg Idaho P.O. Address

Subscribed and sworn to before me this 7th day of March, 1942

(SEAL) [signature] Notary Public, residing at Rexburg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGIST[illegible] LAW

(1937 Session Laws, Ch[illegible], Section 4)

Where the birth of a child born [illegible] o the effective date of Chapter 191, 1911 Session Laws, has [illegible] recorded, or in case of failure to report any birth which h[illegible]red subsequent to such date, such report may be received and [illegible] by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295 720-001 249

335913

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 4 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. ---- 8th St
(d) Name of Hospital or Maternity Home: none - at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. ---- 8th St
(e) How long has **MOTHER** lived in Idaho? 8 yr 8 mo

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Jesse Jeff Breckenridge

5. Date of Birth of Child (Month, day, year) Jan. 20, 1909

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jeff Breckenridge
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Tumway (City or town) Iowa (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rinda Smith
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Rome (City or town) Georgia (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that (Don't remember) (First name) Roberts (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rinda Breckenridge Signature

12418 - 1st Ave. S.W. Seattle, Wn P. O. Address

Subscribed and sworn to before me this 5 day of March, 1942

(SEAL) J. A. Roke Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-718 021 133

335948

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. 56
Reg. Dist. No. 540

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. Battle Creek
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. Battle Creek
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lyman Ray Bench

5. Date of Birth of Child (Month, day, year) May 18, 1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** John William Bench
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Janitor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Allen
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace West Weber (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Elizabeth Bench (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Allen R. Cutler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elizabeth Allen Bench Signature
Preston Idaho P. O. Address

Subscribed and sworn to before me this 7 day of March, 1942.

(SEAL) J. W. Larsen Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mark Hale, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815 701 0044-364

336196

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edward Raymond Yantis

5. Date of Birth of Child (Month, day, year) Aug. 1, 1909

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Ralph Yantis
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Shedd, Oregon (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Tomlinson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Greeley, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Dr (First name) Potter (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Yantis, Signature
Fruitvale, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of March, 1942.

(SEAL) H. A. Carr Notary Public, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-220-014-819

336247

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 4 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address McMinnville Oreg

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Lois Margaret Powell

5. Date of Birth (Month, day year) May 20, 1941

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roswell Cleveland Powell
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace (City or town) Green River, (State or foreign country) Wyoming
14. Exact Occupation Don't know
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Mildred Harrington
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) Rockport, (State or foreign country) Missouri
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mary E. Leiter (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Yamhill } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jessie M. Powell, being first duly sworn, say that I am related to (Related to (or) acquainted with) of Lois Margaret Powell (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jessie M Powell
Signature
McMinnville, Oregon
P. O. Address

Subscribed and sworn to before me on this 18th day of February, 1942

(SEAL) JOHN HERRING, JR., COUNTY CLERK Notary Public, residing at McMinnville, Ore.

MAR 4 1942 By L. E. Salyer Deputy

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-126 025-359

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336265
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No. R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home Delivery
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 3 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No. R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Kooskia, Idaho

4. FULL NAME OF CHILD Alvin Franklin Hofmann

5. Date of Birth of Child (Month, day, year) Aug. 26, 1909

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd ✓ **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Hofmann
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Janesville (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Eliza Leitch
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace St. Louis (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. of Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living one.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr. F. M. Leitch (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace E. Hofmann ..... Signature
Moscow, Idaho ..... P. O. Address

Subscribed and sworn to before me this 11 day of March, 1942
(SEAL) Martin L. Nudley ..... Notary Public, residing at Moscow Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mabel Helfrich, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-222-042-418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336281
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 6th Ave East
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 6 Ave E.
(e) How long has **MOTHER** lived in Idaho? ....yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Neta Mayo Lund

5. Date of Birth of Child (Month, day, year) Nov. 22, 1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Porter Lund
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Farm (City or town) Kansas (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Mellvina Mayo
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Farm (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(Born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) ....(Last name), who is related to this child as ....(Mother, etc.)

25. Attendant's **OWN** signature Dr. Morgan (deceased) M.D. Midwife Address Date

State of California } ss.
County of Sacramento }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 32 years, and that Dr. (First name) Morgan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Effie M. Lund Signature
3672-21st Ave. Sacramento Cal P. O. Address

Subscribed and sworn to before me this 16th day of February, 1942.
(SEAL) [illegible] Notary Public, residing at Sacramento, Cal
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-223 042-294

336301

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Grandmother's home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 months

3. RESIDENCE OF FATHER (city, state) Kimberly, Ida.

4. FULL NAME OF CHILD Lois Lucille Strong

5. Date of Birth of Child (Month, day, year) Nov. 23, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Orson Strong
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Kannarah (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Caroline Simmons
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Spanish Fork (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11 a. M. on the date and at the place stated above, and that personal particulars were furnished by Lydia Strong (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 32 years, and that Dr. Clouscheck (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Lydia Strong Signature
Bussey Apts. #4 P. O. Address

Subscribed and sworn to before me this 26 day of February, 1942

(SEAL) Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mark Yielding, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

397-101-040-819

336306

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 336306
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Enaville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lester B. Lightner

5. **DATE OF BIRTH** (Month, day, year) May 1, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Elmer Lightner

11. Color or Race wh

12. Age at time of THIS birth 46 yrs.

13. Birthplace Indiana
(City or Town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary McDessie Haight

17. Color or Race wh

18. Age at time of THIS birth 25 yrs.

19. Birthplace Stocklon Nebraska
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN signature** J. E. St. Jean M.D. ~~(D.O., Midwife, etc.)~~ and address July 15 1909 Date

Original record of birth filed in Shoshone Co. State of Idaho, July 15, 1909 by J.E.St.Jean, M.D. This certificate issued March 18, 1942, in accordance with 1937 Session Laws for Idaho on adoptions. Authentic copy of order of adoption on file in Bureau of Vital Statistics, Boise, Idaho

MAR 18 1942 Mary Helen

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

743 118 030 493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336347
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. Star Route 1
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No. Star Route 1
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Isaac Franklin Gutman

5. Date of Birth of Child (Month, day, year) Oct. 18, 1909

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Ernest Gutman
11. Color or Race white 12. Age at time of THIS birth 51 yrs.
13. Birthplace Kensington (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Evelina Miller
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Virginia City (City or town), Montana (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0)
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the THE MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that Dr. A. E. Wright (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Miller-Gutman Signature

SALMON, IDAHO P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942

(SEAL) Maurice C. Mizer Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mark Heslep, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED ADDED TO FACE 10/28/2015 AKR

MAR 2 6 2010

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

519 728 006-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336352
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Coltman
(c) Street Address or R.F.D. No. R.F.D. #5
(d) Name of Hospital or Maternity Home:
Residence
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 14 years 3 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Randall, Kermit Earl

5. Date of Birth of Child (Month, day, year) May 28, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Franklin Arthur Randall
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Farr west (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosabell Bronson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Dr. C. E. Jones (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosabelle Randall Signature
1205 Canal Ave. Idaho Falls, Idaho P.O. Address

Subscribed and sworn to before me this 2nd day of Feb, 1942.
(SEAL) Delbert A. Grohing Notary Public, residing at Idaho Falls, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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862-207-022-264

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336458
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Fremont. (b) City: Parker.
(c) Street Address or R.F.D. No.: --
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho. (b) County: Fremont.
(c) City: Parker.
(d) Street Address or R.F.D. No.: --
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Martha Marie Hobbs

5. Date of Birth of Child (Month, day, year) April 7, 1909.

6. Sex Female. 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Ernest William Hobbs
11. Color or Race White. 12. Age at time of THIS birth 33 yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Agriculture.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosalie Marguerite Boudrero
17. Color or Race White. 18. Age at time of THIS birth 43 yrs.
19. Birthplace Marseilles, France. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.

23. Number of children of this mother: (a) At time of birth and including this child 6. (b) Born alive and now living 5.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Deer Lodge } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 32 years, and that Dr. Hummell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosalie M. Hobbs Signature
Anaconda, Montana P. O. Address

Subscribed and sworn to before me this 2nd day of March, 19 42.

(SEAL) Notary Public, residing at Anaconda, Montana.
Notary Public for the State of Montana, residing at Anaconda, Montana.
My Commission expires 5-16-43

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

152-120-028-251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336461
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum, Idaho

4. FULL NAME OF CHILD Weldon Ellsworth Anstine

5. Date of Birth of Child (Month, day, year) April 20th 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George W. Anstine
11. Color or Race White **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Freeport (City or town) Illinois (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marion Belle Knapp
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Wichita (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Washington
County of Douglas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 32 years, and that Frank Wenz (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George W. Anstine Signature
Wenatchee, Washington P. O. Address

Subscribed and sworn to before me this 6 day of March 1942
(SEAL) Ralph Hamaker Notary Public, residing at East Wenatchee, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mabel Helfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

623 112 042 243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336466
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years four months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD Walther Gerhard Wilhelm Osterloh

5. Date of Birth of Child (Month, day, year) July 12, 1909

6. Sex Male

7. Twin or Triplet None If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gerhard Henry Osterloh
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Oldenburg (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luise Marie Buck
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Wurttenburg (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 32 + years, and that Dr. H.W. Clouchek (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

G. Osterloh Signature
RFD #2 Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942.
(SEAL) Notary Public, residing at Twin Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294 100 025 986

336471

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: On J W Brumer farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Cottonwood Idaho

4. FULL NAME OF CHILD Lester Roy Brumer.

5. Date of Birth of Child (Month, day, year) May 1909

6. Sex Male. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John William Brumer
11. Color or Race White 12. Age at time of THIS birth yrs.
13. Birthplace Gentrace (City or town) Nebraska (State or foreign country)
14. Exact Occupation farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Adelia Rhoads
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Walla Walla (City or town) Washington (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that John W Brumer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Brumer Rohr, Signature
2707 Harfield St. Eureka Calif. P. O. Address

Subscribed and sworn to before me this 6 day of March, 1942

(SEAL) Frank J. Lonergan Notary Public, residing at Eureka

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mary E Lefler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

997-117-033-855

336481

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Madison (b) City: Rexburg
(c) Street Address or R.F.D. No.: East 1st Street
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Madison
(c) City: Rexburg
(d) Street Address or R.F.D. No.: —
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idaho

4. FULL NAME OF CHILD Oren Riggs

5. Date of Birth of Child (Month, day, year) May 17th 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Theodore N. Riggs
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennette Agnes Hendry
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Wellsville Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 170

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Jennette A. Riggs (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Joseph Walker M.D. ~~Midwife~~ Address Rexburg Ida Date 5-17-1909.

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Joseph Walker (First name) (Last name), who attended this birth has signed (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth West Signature
249-W 3rd East Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942.
(SEAL) Ralph A. Parker Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mary E. Leifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-25035-64

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336527
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Cul de sac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cul de sac
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Cul de sac Ida

4. FULL NAME OF CHILD Margaret Louise Sanderson

5. Date of Birth of Child (Month, day, year) July 25, 1909

6. Sex Female **7. Twin or Triplet** If so—born 1st, 2nd, 3rd **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Clayton Flora Sanderson
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Bloomfield (City or town) Iowa (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Leota Waugh
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Albia (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. Ragsdale (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice L. Sanderson Signature

P. O. Address

Subscribed and sworn to before me this 13 day of March, 1942

(SEAL) M F Glynn Notary Public, residing at Gooding Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Mark H Leifer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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893-226-006-269

336535

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336535
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Vil. Prospect
(c) Street Address or R.F.D. No. Shelton Ward
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Village of Prospect
(d) Street Address or R.F.D. No. Shelton Ward
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ellen Katrine Hillman

5. Date of Birth of Child (Month, day, year) Nov. 26, 1909

6. Sex F

7. Twin or Triplet No If so—born 1st, 2nd, 3rd o o

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Isaac Valasco Hillman
11. Color or Race W
12. Age at time of THIS birth 36 yrs.
13. Birthplace Gannon (City or town) Utah (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ane Katrine Sorenson
17. Color or Race W
18. Age at time of THIS birth 33 yrs.
19. Birthplace Flostrup (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Mrs. John Howard (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ane Katrin Hillman Sanden Signature
1698 Canal Ave., Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of March, 19 42
(SEAL) Jewell H. Chaney Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mary H. Eddy, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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636-129 014-365

336538

336538

United States
Department of Commerce
Bureau of the Census

MAR 18 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Canyon (b) City: Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD William Bryan O'Connor

5. Date of Birth of Child (Month, day, year) Jan. 29, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Patrick O'Connor
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Ballivoni (City or town) Ireland (State or foreign country)
14. Exact Occupation railroad man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Hattie Lonigan
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Dr. Isham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs O'Connor Signature

2007 Cleveland Blvd., Caldwell, Idaho. P. O. Address

Subscribed and sworn to before me this 18th day of March, 1942

(SEAL) Marion E. Ode Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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293-118-042-975 item #3 added 10-22-87 dl 336545

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

336545

MAR 18 1942

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. ..... St. Rural Route
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Luther Ryan Bica

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth 4

6. Premature ..... Full term ✓

7. Legitimate? yes

8. Date of birth May 18, 1909 (Month, Day, Year)

FATHER

9. Full name George Washington Bica

10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls Ida

11. Color or race white | 12. Age at last birthday 64 (years)

13. Birthplace (city or place) (State or Country) Annawan Ill.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work February, 19 42

17. Total time (years) spent in this work 29 yrs

MOTHER

18. Full maiden name Zella Effie Blair

19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls Ida

20. Color or race white | 21. Age at last birthday 59 (years)

22. Birthplace (city or place) (State or Country) Osceola, Nebr.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 5 (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Thurlow Stearns, M. D.
or ....., Midwife
Address Twin Falls, Idaho

Filed MAR 18 1942, 193.... Mary F. Elder Registrar.

Registrar.

10/14/87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 336545
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Lther Ryan Bice (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 18, 1909 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
item #3 sex of child	blank	Male

Subscribed and sworn to before me this 22nd day of October, 19 87.

Notary Public, [illegible]
Residing at Boise Idaho
My commission expires Jan 4, 1993
(Seal)

Luther R Bice
Signature of Applicant

1130 N Allumbaugh #169
Street Address, City, State
Boise

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

16 c pd # 73471

Social Security Record lists Luther R Bice born May 9, 1909 in Twin Falls
Sex Male. Dated 11-22-74 Viewed by V.S.

Birth Certificate for Jess W Bice lists Luther Ryan Bice as Father
child born 8-11-43 in Nampa, Viewed by V.S.

249 108 037-331 MAR 19 1942 336563

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336563
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Amer. Falls.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Amer. Falls Ida.

4. FULL NAME OF CHILD Henry Keith Burrell

5. Date of Birth of Child (Month, day, year) Dec. 8th 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME D. Roy Burrell
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Carmi, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Beatrice Irene Staples
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Mesa (City or town) Arizona (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living two.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that R. F. Noth (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beatrice Irene Staples Burrell Signature
6729 S.E. 78th av. Portland Ore. P. O. Address

Subscribed and sworn to before me this 18th day of March, 1942

(SEAL) Royal A. Dahl Notary Public, residing at Portland, Oregon

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JANUARY 19th 1946

(Note: Perjury is punishable as a felony in Idaho; See Sec. 17-1501 Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Maud Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-202-014842 336568

United States Department of Commerce Bureau of the Census

MAR 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336568
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Canyon (b) City: Nampa
(c) Street Address or R.F.D. No.: Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Nampa
(d) Street Address or R.F.D. No.: Rural
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state): Nampa Idaho

4. FULL NAME OF CHILD: Lois Alta Woodard

5. Date of Birth of Child (Month, day, year): Nov. 2. 1909.

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME**: J. Theodore Woodard.
11. Color or Race: White
12. Age at time of THIS birth: 32 yrs.
13. Birthplace: Oklahoma City (City or town) Oklahoma (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Nettie Mable Hussey
17. Color or Race: White
18. Age at time of THIS birth: 23 yrs.
19. Birthplace: Star (City or town) Idaho (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grand-mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that Dr. (First name) Kohler (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arcursa V. Hussey Signature
804 Ressiguie Boise Idaho P. O. Address

Subscribed and sworn to before me this 18 day of Mar, 1942
(SEAL) Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Maud F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

741 221 014 664

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336607
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Majorie Frank

5. Date of Birth of Child (Month, day, year) November 21 1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Frank
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ~~Mrs~~ Carrie ~~Frank~~ Wolf
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 51 years of age, that I have known this person for 33 years, and that we had no doctor (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Carrie Frank Signature
Parma Idaho P. O. Address

Subscribed and sworn to before me this 12 day of March, 19 42
(SEAL) Noreen L. Laddeau Notary Public, residing at Parma Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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389-121-022-569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336626
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1½ years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Roy Lester Chichester

5. Date of Birth of Child (Month, day, year) Sept 21 - 1909

6. Sex White **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elizabeth L Chichester
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Carlan (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bethiah E Norton
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Belmont (City or town) Ontario (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Bethiah (First name) Chichester (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Ark
County of Boone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that Ora (First name) Young (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bethiah E Chichester Signature
Everton Ark. P. O. Address

My Comm Exp 9-21-43

Subscribed and sworn to before me this 9 day of March, 1942.
(SEAL) O. R. Imo Notary Public, residing at Newton Ark

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mabel Hopkins, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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993-120-025-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336640
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: xx
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Rollin Roy Rice

5. Date of Birth of Child (Month, day, year) Jany. 20, 1909

6. Sex Male

7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter S. Rice
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Grangeville (City or town) Idaho (State or foreign country)
14. Exact Occupation Forest Serviee Employee
15. Industry or Business Forest Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada M. Smith
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Looking-glass, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Dr. J. L. Rains (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada M. Rice Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of March, 19 42

(SEAL) H. Rothmeier Notary Public, residing at Grangeville, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mae H. Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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967-225036493

336654

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ONEIDA (b) City Preston
(c) Street Address or R.F.D. No. MAIN ST.
(d) Name of Hospital or Maternity Home: Richardson Maternity Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ONEIDA
(c) City Preston
(d) Street Address or R.F.D. No. MAIN ST.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Preston Idaho

4. FULL NAME OF CHILD Eu Dora Meritta Rogers

5. Date of Birth of Child (Month, day, year) JUNE 25 1969

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wm Thomas Rogers
11. Color or Race White
12. Age at time of THIS birth 19 yrs.
13. Birthplace Benson (City or town) Utah (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Miller
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Farmington (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature [redacted] M.D. Midwife Address Date

State of Calif.
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for ..... years, and that Mildred Beckstead (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Miller Hansen Signature

4509 Mosher Ave., Los Angeles P. O. Address

my comm. exp. 2-15-75

Subscribed and sworn to before me this 13th day of March, 1942

(SEAL) Julia Farris Notary Public, residing at Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mary H. Leber, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313 212 003 313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336711
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Bannock (b) City: Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 4 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Bannock
(c) City: Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 8 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Grace Margaret Balkins ~~Keogh~~

5. Date of Birth of Child (Month, day, year) 12 Aug 1909

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Orson Brooks Balkins
11. Color or Race: white
12. Age at time of THIS birth: 44 yrs.
13. Birthplace: Payson (City or town) Utah (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Owen Balkins
17. Color or Race: white
18. Age at time of THIS birth: 32 yrs.
19. Birthplace: Haverville (City or town) Utah (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 m

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Mrs. Stod Hale (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elizabeth Owen Balkins Signature
484 - W 16th Idaho Falls Ida. P. O. Address

Subscribed and sworn to before me this 17 day of March, 1942
(SEAL) Martha Mark Notary Public, residing at Idaho Falls Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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122-204 022-914

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336738
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rigby
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 0 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rigby
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD ADA FONTELLA ASKEW

5. Date of Birth of Child (Month, day, year) 9/4/1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ALBERT WILLIAM ASKEW
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** GENEVA PRISCILLA RADFORD
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Salt River, Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Santa Clara } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Mrs. (First name) Wheeler, (Last name) midwife, who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Geneva P. Askew Signature

340 West Street, Salinas, Cal. P. O. Address

Subscribed and sworn to before me this 27 day of February, 1942.

(SEAL) Ralph W. Lemer Notary Public, residing at San Jose, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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393-121 041-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336740
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County TETON (b) City BATES
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE USED
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County TETON
(c) City BATES
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) UNKNOWN

4. FULL NAME OF CHILD CHARLES SHELDON TILSON

5. Date of Birth of Child (Month, day, year) JULY 21, '09

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN ALBERT RICHARD TILSON
11. Color or Race WHITE **12.** Age at time of THIS birth 33 yrs.
13. Birthplace VACAVILLE, CALIFORNIA (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME ETHEL HORTENSE ANDREWS
17. Color or Race WHITE **18.** Age at time of THIS birth 28 yrs.
19. Birthplace NEPHI, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC-ACID

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) 11:15A M. on the date and at the place stated above, and that personal particulars were furnished by MARY E. ANDREWS (First name) (Last name), who is related to this child as AUNT (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 32 years, and that Jane (First name) Ellis (Last name), who attended this birth IS DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Andrews Signature
623A-9th St. Santa Monica, Calif. P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942.

(SEAL) Mary E. Mangly Notary Public, residing at Santa Monica, Calif
My Commission Expires Sept 7, 1942
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mary E. Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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749-102-028819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336741
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum, Idaho

4. FULL NAME OF CHILD Orville Nate Purcell

5. Date of Birth of Child (Month, day, year) July 2, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Frank F. Purcell
11. Color or Race white **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Beleive in Nebr. (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Logging

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Harper
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Cass City, Mich. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kansas
County of Anderson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of applicant's mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 31 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Hettie Sprague Signature
Lone Elm, Kansas P. O. Address

Subscribed and sworn to before me this 10 day of March, 19 42.

(SEAL) Wallace McCaslin Notary Public, residing at Kincaid, Kansas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Comm. expires July 30, 1943

Received for filing on MAR 18 1942 by Mabel F. Lefler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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547-210 010-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336758
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Ammonk Idaho
(c) Street Address or R.F.D. No. RFD No. 3
(d) Name of Hospital or Maternity Home: in home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ammon
(d) Street Address or R.F.D. No. RFD No. 3
(e) How long has **MOTHER** lived in Idaho? 40 yrs. now

3. RESIDENCE OF FATHER (city, state) Ammon, Idaho

4. FULL NAME OF CHILD Opal Aldora Empey

5. Date of Birth of Child (Month, day, year) Dec. 10, 1909

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Burton A. Empey
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Lehi, Utah (City or town) (State or foreign country)
14. Exact Occupation Deputy Sheriff
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iola E. Simmons
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Maysville, Georgia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum AGNo3

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Dr. T. C. Wilson (First name), Ida. Falls (Last name), Idaho who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Iola Empey
Signature
337 So. Hayes, Pocatello, Idaho
P. O. Address

Subscribed and sworn to before me this 13 day of March, 1942

(SEAL) Kay L. Black
Notary Public, residing at Pocatello, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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236-227-001-292

336764

United States Department of Commerce Bureau of the Census

MAR 20 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336764
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: on Bench
(d) Name of Hospital or Maternity Home: none at home
(e) Mother's stay BEFORE delivery: IN THIS county 8 years – months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: Bench
(e) How long has MOTHER lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Josephine Helen Stofiel

5. Date of Birth of Child (Month, day, year): August 27, 1909

6. Sex: female **7.** Twin or Triplet: no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME: James H. Stofiel
11. Color or Race: white **12.** Age at time of THIS birth: 48 yrs.
13. Birthplace: Pittsburg, (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation: hardware salesman
15. Industry or Business: hardware

MOTHER OF CHILD

16. FULL MAIDEN NAME: Katharine Sisk
17. Color or Race: white **18.** Age at time of THIS birth: 33 yrs.
19. Birthplace: Idaho City, (City or town) Idaho (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child: 5 (b) Born alive and now living: 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 5:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Katharine Sisk Stofiel (First name) (Last name) who is related to this child as Mother (Mother, etc.) Was present at birth of this child

25. Attendant's OWN signature Dinah R. Ketchen M.D. ~~Midwife~~ Address Box 5-36 Boise, Id Date 1-29-42

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by Maud F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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356-213-017-693

336795

336795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 9 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clark (b) City Small
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Small
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Small, Idaho

4. FULL NAME OF CHILD Mary Anne Leonardson

5. Date of Birth of Child (Month, day, year) 7/ 13- 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur J. Leonardson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Walkerville, Mont (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Raising Hay and Livestock

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Emma Wilson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace So Cottonwood (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born alive~~ (Born alive, stillborn) at ~~5~~ ~~P.~~ M. on the date and at the place stated ~~above~~ and that personal particulars were furnished by ~~Mary Emma Wilson~~ (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Ida M. Leonardson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Emma Leonardson Signature

Dubois, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of March, 1942

(SEAL) [illegible] Notary Public, residing at Dubois, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Maud Fielden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-116-014-442

336822

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Canyon (b) City: Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Three yrs.

3. RESIDENCE OF FATHER (city, state): Idaho

4. FULL NAME OF CHILD: Willis Erwin French

5. Date of Birth of Child (Month, day, year): Nov 16 1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

X 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**: Ralph Samuel French
11. Color or Race: White
12. Age at time of THIS birth: 27 yrs.
13. Birthplace: Prairie City (City or town) Oreg (State or foreign country)
14. Exact Occupation: Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Rosalie Adelia Dustin
17. Color or Race: White
18. Age at time of THIS birth: 23 yrs.
19. Birthplace: Canyon City (City or town) Oreg (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now fifty two years of age, that I have known this person for thirty two years, and that Dr Young of Caldwell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ralph Samuel French — Signature
435 Buddah Ave Pocatello Ida — P. O. Address

Subscribed and sworn to before me this 10th day of March, 1942.
(SEAL) J. A. McQuillan — Notary Public, residing at Pocatello Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

854-205035-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336836
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Ida.

4. FULL NAME OF CHILD DELLA MAE HEMPHILL

5. Date of Birth of Child (Month, day, year) April 5, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME GEORGE HEMPHILL
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Salina, Kansas (City or town) (State or foreign country)
14. Exact Occupation Trucking
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ETTA GROTZ
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Vinton, Bates Co., Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that DR. PERKINS (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Hemphill Signature
564 Second Avenue, San Francisco P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1942
(SEAL) Lindsay G. Trimble Notary Public, residing at San Francisco, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

443-124-029-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336855
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In the family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Ida

4. FULL NAME OF CHILD Maurice Thomas Murphy

5. Date of Birth of Child (Month, day, year) 1-24-1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alonzo A. Murphy
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Linehan
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Genesee (City or town), Idaho (State or foreign country)
20. Exact Occupation dressmaking
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 33 years, and that Dr. Ellen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Linehan ..... Signature
Genesee, Idaho ..... P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942
(SEAL) Helen Owens ..... Notary Public, residing at Genesee Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

717107 020-717

336863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mt. Home
(c) Street Address or R.F.D. No. Elmore St.
(d) Name of Hospital or Maternity Home: Sn. Francis Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No. Elmore
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Mt. Home, Ida.

4. FULL NAME OF CHILD Elmore Adelbert Page.

5. Date of Birth of Child (Month, day, year) Feb. 7, 1909.

6. Sex Boy **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Edwin Adelbert Page
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Sarcus Point, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Irrigation Frontier.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Simmons Page.
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Ringwise, (City or town) England. (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oklahoma
County of Seminole } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 33 years, and that Dr. Gfather (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Louise Page. Signature
Box 1, Shawnee, Okla. P. O. Address

Subscribed and sworn to before me this 11th day of March, 1942.
(SEAL) Notary Public, residing at Sand Springs Oklahoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mark Hyde, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 109 044255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336874
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Silas Johnson

5. Date of Birth of Child (Month, day, year) Nov. 9, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Melvin Johnson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Greenville (City or town) Penn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Deane Senters
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 32 years, and that Maggie Senters (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Josie Stephenson Signature
Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of March, 19 42
(SEAL) Chas W McEachen Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mabel F. Gelder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-126-006-753

336904

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Route #2
(d) Name of Hospital or Maternity Home: Parents' Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Route #2
(e) How long has **MOTHER** lived in Idaho? 9 yrs. yrs.

3. RESIDENCE OF FATHER (city, state Blackfoot, Ida.

4. FULL NAME OF CHILD Careld Blonde Broadhead

5. Date of Birth of Child (Month, day, year) June 26, 1909

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Z. A. Broadhead
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Aurora, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Alice Peterson
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Plain City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that Mrs. Marian Crawford (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Z. A. Broadhead Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of March, 19 42
(SEAL) ..... Notary Public, residing at Blackfoot
(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mary H. Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-209-003-453

MAR 14 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 336910

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. 650 So. GRANT AVE
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: AT HOME
In Hosp. or Mat. Home ____ days.
In THIS county 18 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No. 650 So. GRANT AVE
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address 650 So. GRANT AVE

3. RESIDENCE of FATHER (city, state): POCATELLO, IDAHO

4. FULL NAME OF CHILD HELLEN HARRIMAN WILLIAMS

5. Date of Birth (Month, day, year) SEPT. 9, 1909

6. Sex FEMALE 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES THOMAS WILLIAMS
11. Color or Race WHITE 12. Age at time of THIS birth 38 9/12 yrs.
13. Birthplace SPRINGVILLE (City or town), UTAH (State or foreign country)
14. Exact Occupation POLICE MAN
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME HANNAH DETTON
17. Color or Race WHITE 18. Age at time of THIS birth 36 yrs.
19. Birthplace BRIGHAM CITY (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum CARBOLIC ACID SOLUTION
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

Mary Heller

26. (a) ____ (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MRS. HANNAH WILLIAMS, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) HELLEN HARRIMAN WILLIAMS (Name of person on certificate above) as MOTER (State relationship or acquaintance), whose birth certificate appears above, and that I assile to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. H. A. CASTLE (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hannah Williams Signature

5811 HAROLD WAY, HOLLYWOOD, CALIF. P. O. Address

Subscribed and sworn to before me on this 2nd day of March, 1942

(SEAL) Hazel Cullen Notary Public, residing at ____

NOTARY PUBLIC in and for the County of Los Angeles, State of California

Expires Nov. 17, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

393131 001 386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 3 1942

State File No. 336921
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or ~~R.F.D. No.~~ Euclid Ave.
(d) Name of Hospital or Maternity Home: South Boise at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Euclid Ave South
(e) How long has MOTHER lived in Idaho? 22 yrs. Since
(f) Mother's mailing address South Boise, Idaho

3. RESIDENCE of FATHER (city, state): Boise, Idaho

4. FULL NAME OF CHILD Frederick Stroder Little

5. Date of Birth (Month, day, year) July 31-1909

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Arthur Leroy Little
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation laborer (teamster)
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Bell Thompson
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Boise Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argerol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Emma J. Little (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Fred A. Tillman M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Riverside } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, EMMA T. Cooper, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Frederick Stroder Little (Name of person on certificate above) as his Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Pettinger (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma T. Cooper Signature

MAR 3 1942 803 Orange Grove Ave Colton Cal. Address

Subscribed and sworn to before me on this 25th day of February 1942

(SEAL) R. A. Steves Notary Public, residing at Riverside Calif.
(R. A. Steves)

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter [illegible], Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to said date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose and upon proof as in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife or by affidavits of the father or mother of the child, or the father or mother of the child is living or accessible, or the nearest of kin or guardian, or some person having direct knowledge of the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336962
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R.F.D. #3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R.F.D. #3
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida.

4. FULL NAME OF CHILD Annetta Daugherty

5. Date of Birth of Child (Month, day, year) June 29, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Owen Walton Daugherty
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Blairsburg, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Alvina Flack
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Mound, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by O W Daugherty (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. W. T. Pike (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

O W Daugherty — Signature
228-5th Ave E Jerome Idaho — P. O. Address

Subscribed and sworn to before me this 12th day of March, 19 42

(SEAL) [illegible] Notary Public, residing at Jerome Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

dup of 1909-342718

BOTH DELAYED

719 122-022-391

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336974
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Sugar City
(c) Street Address or R.F.D. No. I
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Sugar City
(d) Street Address or R.F.D. No. I
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Sugar City Idaho

4. FULL NAME OF CHILD Dale Crandall Garner

5. Date of Birth of Child (Month, day, year) Aug. 28, 1909

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lyman Jasper Garner
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Ogden Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ---

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Crandall
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Huntington Utah (City or town) (State or foreign country)
20. Exact Occupation Farm house wife
21. Industry or Business ----

22. Name prophylactic used to prevent Ophthalmia Neonatorum ----

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at Sugar City M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Garner (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. Midwife Address Caldwell Idaho Date Mch 17 1942

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Dr Walter Hyde (First name) (Last name), who attended this birth Now deseased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Bertha C. Garner Signature

Caldwell Idaho P. O. Address

Subscribed and sworn to before me this 17th day of March, 1942.

(SEAL) Les A. Dixon Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

MAR 23 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Oreana
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Oreana
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Oreana, Ida.

4. FULL NAME OF CHILD Albert Patrick Kelly

5. Date of Birth of Child (Month, day, year) May 3, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Patrick William Kelly
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace St. Anna Clause, Province of Quebec Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Riley Tattersall
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Beaver, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that Mrs. Horgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie T. Kelly Signature
Boise Idaho P. O. Address

Subscribed and sworn to before me this 21st day of March, 1942
(SEAL) Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Comm Exp 3/5/46

Received for filing on MAR 23 1942 by Mary E. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336989
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Aberdeen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Aberdeen
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Aberdeen, Idaho

4. FULL NAME OF CHILD Linda Anna Becker

5. Date of Birth of Child (Month, day, year) April 26, 1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter J. Becker
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace South Russia (City or town), Russia (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Boese-Becker
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Springfield (City or town), S. Dakota (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Peter (First name) J. Becker (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Dr. Mathis (First name) B. (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Peter J. Becker Signature
P. O. Address

Subscribed and sworn to before me this 16 day of March, 1942
(SEAL) M. D. Lundeen Notary Public, residing at Aberdeen, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mary Fred, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493103-036-312 337014

United States
Department of Commerce
Bureau of the Census MAR 24 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337014
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland, Idaho

4. FULL NAME OF CHILD Forest Alfred Mickelson

5. Date of Birth of Child (Month, day, year) 9-3-09

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Joseph Walter Mickelson
11. Color or Race W **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Ovid (City or town) Idaho (State or foreign country)
14. Exact Occupation
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Jane Lasley
17. Color or Race W **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Cails (City or town) Fort Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that Sarah Lasley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Jane Jensen Signature
American Falls Idaho P. O. Address

Subscribed and sworn to before me this 21 day of March, 1942
(SEAL) E. E. Winter Notary Public, residing at Am. Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-106-020-148

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337921
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mtn Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Same as above

4. FULL NAME OF CHILD Laurance Russel Moore

5. Date of Birth of Child (Month, day, year) April 6, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas W Moore
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Statten Island (City or town) N. York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elma N Ady
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Viroqua (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Dr. Bradley (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elma N Moore — Signature
Meridian Idaho — P. O. Address

Subscribed and sworn to before me this 14 day of March, 1942.

(SEAL) O Mann — Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mabel Heeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-110-029-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337926
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) ~~Street Address or R.F.D. No.~~
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 91 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Le Roy Ross

5. Date of Birth of Child (Month, day, year) Jan. 12, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas William Ross
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Thomson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Harrison Ore. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for ..... years, and that Mr. Heimgartner (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Blanche Morgan Signature
Spokane Wash. P. O. Address

Subscribed and sworn to before me this 17th day of March, 1942
(SEAL) Hampe Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 19 1942 by Mary E. Hodson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819.1 04-005-6867

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337930
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BENEWAH (b) City BOVILLE
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 11 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BENEWAH
(c) City BOVILLE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD KENNETH LeROY HARVEY

5. Date of Birth of Child (Month, day, year) JAN. 4, 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** THOMAS JOHN HARVEY
11. Color or Race W
12. Age at time of THIS birth 27 yrs.
13. Birthplace DENVER (City or town) COLORADO (State or foreign country)
14. Exact Occupation FIREMAN
15. Industry or Business GREAT NORTHERN

MOTHER OF CHILD

16. **FULL MAIDEN NAME** VIVA ADELLA WHEELER HARVEY
17. Color or Race W
18. Age at time of THIS birth 25 yrs.
19. Birthplace MORRISTOWN (City or town) NEW JERSEY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by VIVA (First name) HARVEY (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of WASHINGTON
County of GRAYS HARBOR } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that DR. MATT HARVESTON (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viva Adella Wheeler Harvey — Signature
STRATHCONA HOTEL, ABERDEEN, WASH. — P. O. Address

Subscribed and sworn to before me this 17 day of MARCH, 19 49.
(SEAL) [illegible] Notary Public, residing at Aberdeen, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mabel Geeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-228-040-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 18 1942

State File No. 337935
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Kellogg
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home ~~Kellogg~~ Providence Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address ~~or R.F.D.~~ No. 511 W Pine Ave
(e) How long has MOTHER lived in Idaho? 39 yrs.
(f) Mother's mailing address Kellogg Idaho
3. RESIDENCE OF FATHER (city) Kellogg Idaho

4. FULL NAME OF CHILD George Anne Brown
5. Date of Birth (Month, day, year) March 28 1909
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Charles Wesley Brown	16. FULL MAIDEN NAME Georgia Dampsen Brown
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 34 yrs.	18. Age at time of THIS birth 31 years
13. Birthplace Cheyenne (City or town) Wyoming (State or foreign country)	19. Birthplace The Dalles (City or town) Oregon (State or foreign country)
14. Exact Occupation	20. Exact Occupation House wife
15. Industry or Business Merchant	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b) Mary Keefer (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Georgia Dampsen Brown being first duly sworn, say that I am related to (Related to ~~(or) acquainted with~~) George Anne Brown (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; ~~and that~~ the facts contained therein are true to the best of my knowledge. I further state that Dr. George N. Dunlett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased ~~(or) cannot be located~~) and that this birth has not been previously recorded.

Georgia Dampsen Brown Name
Kellogg Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of March, 1942

(SEAL) Stella Brown Notary Public, residing at Kellogg, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-114-044-437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337942
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Salubria Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Donald Charles Smith

5. Date of Birth of Child (Month, day, year) Oct. 14-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles H Smith

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Topeka Kansas (City or town) (State or foreign country)

14. Exact Occupation General merchandise

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marma Jane McGinnis

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Missouri (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver-Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, [redacted] was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the [redacted] Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for 33 years, and that Dr. Charles Schmitz (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

C H Smith Signature

226 West Main Weiser Idaho P. O. Address

Subscribed and sworn to before me this 24th day of March, 1942

(SEAL) D. F. Carter Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mark Wheeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-108-022-842

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337958
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony, Ida.

4. FULL NAME OF CHILD JOHN WESLEY WHITE

5. Date of Birth of Child (Month, day, year) July 8, 1909

6. Sex M **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME JOHN MCARTHUR WHITE
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Willard, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer & assistant postmaster
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY ANN HUBBARD
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all life years, and that Dr. West (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John McArthur White Signature
398 I. Street, Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 17th day of March, 1942
(SEAL) Olga Eliason Clerk of Probate Court
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818-125-235-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337963
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Gifford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Gifford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Gifford, Idaho

4. FULL NAME OF CHILD Frank Everett Hayes

5. Date of Birth of Child (Month, day, year) Mar. 25, 1919

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Everett Frank Hayes
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Saw mill worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Matilda Hardy
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Tabor (City or town), Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Dr. J. J. Harrington (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Clara Wright Signature
Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of March, 1942
(SEAL) Chase McCachen Notary Public, residing at Orofino
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mark Hooper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-131-029-244

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 19 1942

State File No. 337970
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Dead

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Joseph Lynn Wells

5. Date of Birth (Month, day year) Oct. 31, 1909

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Wells
11. Color or Race White **12.** Age at time of THIS birth 49 yrs.
13. Birthplace (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Ethel Summers
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living all
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mary Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I Alta M. Thomas, being first duly sworn, say that I am related (Related to (or) acquainted with) Joseph Lynn Wells (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McCall (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alta M. Thomas Signature
1347-7th Lewiston Idaho P. O. Address

Subscribed and sworn to before me on this 14 day of March 1942
(SEAL) J. E. Stookey Notary Public, residing at Lewiston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-113-006-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337992
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Ernest Lee

5. Date of Birth of Child (Month, day, year) Feb. 13, 1942

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Ernest Lee
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Woodruff (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Louina Longhurst
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Garden City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana
County of Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 53 years and that Roxanna Denning (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Is living), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth registered under Chapter 139, 1937 Session Laws.

Lydia L. Lee — Signature
St. Ignatius, Montana — Address

Subscribed and sworn to before me this 17 day of March, 1942

(SEAL) J. Beckman — Notary Public, residing at St. Ignatius, Montana

NOTARY PUBLIC for the State of Montana
Residing at St. Ignatius, Montana
My Commission Expires June 6, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Maud Teeter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-209-035-669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337998
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home on the farm
(e) Mother's stay **BEFORE** delivery:
IN THIS county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Velma Johnston

5. Date of Birth of Child (Month, day, year) Dec. 9, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Thomas Johnston
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Benton Harbor, Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Forgey
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Gold Beach, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Mary Elizabeth Johnston (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Emma Rogers Signature
Route 1, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of March 1942

(SEAL) Lawrence G. Hoff Notary Public, residing at Moscow Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mabel F. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-107-228-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337999
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenay (b) City Coeur D'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenay
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Same as Mother

4. FULL NAME OF CHILD Everett William Carlson

5. Date of Birth of Child (Month, day, year) Feb 7 - 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Alfred Carlson
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Bolma Lan (City or town) Sweden (State or foreign country)
14. Exact Occupation Brick Mason
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Albertina Josephine Nelson
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Crystal Falls (City or town) Michigan (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes-3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Ellen Nelson (First name) ..... (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Albertina J. Carlson Signature
E 2330 Pacific Ave Spokane Wash P. O. Address

Subscribed and sworn to before me this 17th day of March, 1942
(SEAL) Charles A. Hadsell Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mary E Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-129-036-365

338013

MAR 25 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338013
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Preston Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Theo Lynn Petterborg

5. Date of Birth (Month, day, year) Sept 29, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Theodore Alfred Petterborg

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Preston Idaho
(City or Town) (State or foreign country)

14. Exact Occupation Clerk in Store

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Longstroth

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Menden Utah
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Alice Petterborg (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 25 1942 (Date received) (b) Maurel F. Edwards (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Nancy E. Beckstead M.D. (D.O., Midwife, etc.)
and address ..... Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

693-118-014-366

338014

338014

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

MAR 25 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Payette Idaho

4. FULL NAME OF CHILD Sydney Austin Wilson

5. DATE OF BIRTH (Month, day, year) Dec.18,1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alexander Thomas Wilson

11. Color or Race White

12. Age at time of THIS birth 48 yrs.

13. Birthplace Watseka Ill
(City or Town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary A Cooley

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Michigan
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silloid

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mary A Cooley (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 25 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address Payette, Idaho Date Mar 24/1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAR 26 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

993-127-224-413

338023

United States Department of Commerce Bureau of the Census

MAR 25 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338023
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Gooding (b) City: Gooding
(c) Street Address or R.F.D. No.: None
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Gooding
(c) City: Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Elmer John Rice

5. Date of Birth of Child (Month, day, year): Nov 27th 1909

6. Sex: Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy: 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Fred Albert Rice
11. Color or Race: White **12.** Age at time of THIS birth: 27 yrs.
13. Birthplace: Unknown (City or town) (State or foreign country)
14. Exact Occupation: Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Rosa Nell Mathis
17. Color or Race: White **18.** Age at time of THIS birth: 21 yrs.
19. Birthplace: ~~Gooding~~ Texas (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Santa Clara } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Delmer (First name) Higgs (Last name), who attended this birth ~~(Is now deceased)~~ (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Nell Mathis Rice Rohde (Signature)
Rt. 1, Box 694X, Campbell, California (Address)

Subscribed and sworn to before me this 5th day of March, 1942
(SEAL) J. H. Blanford Notary Public, residing at Mountain View, Santa Clara County, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Merl F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-123-014.276 338044

United States (Be sure the information is as of date of birth of THIS child) State File No. 338044
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census MAR 26 1942 **STATE OF IDAHO** Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 1211 Dearborn
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 1211 Dearborn
(e) How long has **MOTHER** lived in Idaho? 16 mos ~~yrs~~.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida

4. FULL NAME OF CHILD George Hayes Scatterday

5. Date of Birth of Child (Month, day, year) Dec. 23, 1909

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ralph B. Scatterday
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Saunemin, Illinois (City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen M. Scouller
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Pontiac, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person ~~xxx~~ since birth ~~years~~ and that Dr. J. W. Gue (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ralph B. Scatterday Signature

Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of March, 1942

(SEAL) Katherine K. Hartkopf Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-102-016-993 338069

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338069
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Almo Idaho

4. FULL NAME OF CHILD Elif Cahoon

5. Date of Birth of Child (Month, day, year) 10-2-1909

6. Sex male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Dennis Cahoon
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Almo (City or town) Idaho (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Richardson
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Goat (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 30 years, and that Anne Green (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Jessie Cahoon Signature

P. O. Address

Subscribed and sworn to before me this 27 day of March, 19 42

(SEAL) Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-112-014-696 338087

United States Department of Commerce Bureau of the Census — MAR 28 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338087
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Kimball ave.
(d) Name of Hospital or Maternity Home: at Grandparents
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Star Ida

4. FULL NAME OF CHILD Orval Johnston

5. Date of Birth of Child (Month, day, year) 11-12-1909

6. Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Delmar Johnston
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Santa (City or town) California (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Frost
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Star (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 12 P. M. on the date and at the place stated above, and that personal particulars were furnished by Clara (First name) Johnston (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 5'5" years of age, that I have known this person for 22 years, and that Dr. (First name) Young (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Delmar Johnston Signature
Star Idaho P. O. Address

Subscribed and sworn to before me this 28th day of March, 1942
(SEAL) Lloyd O. Rudisill Notary Public, residing at Star
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires 7-17-44

Received for filing on MAR 28 1942 by Mark H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

533-106-001-419

338097

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 30 1942

State File No. 338097
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 211 So. 15th
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise,
(d) Street Address or R.F.D. No. 211So.15th
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho.

4. FULL NAME OF CHILD Herschel Edgar Ellis

5. Date of Birth of Child (Month, day, year) 4/6/1909.

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Reg.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Edgar Ellis
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Wapella, Illinois (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Central Coal & Seed Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora May Marsh
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Moulton, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of: Idaho
County of: Ada. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 23 years, and that L.P.McCalla (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora May Ellis Signature

P. O. Address

Subscribed and sworn to before me this 27th day of March, 19 42.

(SEAL) Charlotte Addoch Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Maud F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-111-039 MAR 1942 338100

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338100
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No. Idaho.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edward LeMoyne Howard

5. Date of Birth of Child (Month, day, year) Apr 11, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Walter Howard Jr.
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Deweyville (City or town) Utah (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Merc.

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Miriam Henrie
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Honeyville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Emily Lish (First name) ..... (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Miriam Henrie Howard Signature
American Falls Idaho P. O. Address

Subscribed and sworn to before me this 25 day of March, 1942
(SEAL) W. H. Howard PROBATE JUDGE residing at American Falls
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Maud F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-212-042-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338106
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 201 -3rd West
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 201 -3rd West
(e) How long has **MOTHER** lived in Idaho? ....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mildred Annie Wilson (~~Shewelter~~) married

5. Date of Birth of Child (Month, day, year) Sept. 12, 1909

6. Sex girl **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew D. Wilson
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Cameron (City or town) Nebraska (State or foreign country)
14. Exact Occupation saloon
15. Industry or Business as above

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie E. Slack
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Toquerville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ten P M. on the date and at the place stated above, and that personal particulars were furnished by Annie E. Wilson (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Clouchek M.D. dead Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother, father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55, 61 years of age, that I have known this person for ....years, and that ....(First name) ....(Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie E. Wilson, Andrew D Wilson Signature
159 - 9th Ave East P. O. Address

Subscribed and sworn to before me this 20th day of March, 1942
(SEAL) [illegible] Notary Public, residing at Twin Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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766-229-001-852

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338109
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 223 S. 16th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 223 S. 16th
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Florence Bell Goff

5. Date of Birth of Child (Month, day, year): June 29 - 1909

6. Sex: Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy: 9 mo. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME: William E. Goff
11. Color or Race: White **12.** Age at time of THIS birth: 35 yrs.
13. Birthplace: Caldwell (City or town) Idaho (State or foreign country)
14. Exact Occupation: Clerk
15. Industry or Business: work for Boise Commission

MOTHER OF CHILD

16. FULL MAIDEN NAME: Stella Mae Hessing
17. Color or Race: White **18.** Age at time of THIS birth: 20 yrs.
19. Birthplace: Montpelier (City or town) Idaho (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business: House work

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature: John Boeck M.D. Midwife Address: Boise Ida Date: 3-14-42

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by Mina E. Eisler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

144-127-010-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338113
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, R.F.D. #2
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) as above

4. FULL NAME OF CHILD Jacob Hugh Judd

5. Date of Birth of Child (Month, day, year) Feb. 27, 1909

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jacob Judd
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Nephi, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Marion J. Kerr
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Corning, Ohio, (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Marion W. Judd (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Wm Kinnaird M.D. ~~Midwife~~ Address Los Angeles Cal Date March 10/42

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for his life years, and that Wm. Kinnaird (First name) (Last name), who attended this birth has moved away and not located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Marion W. Judd Signature
Idaho Falls, Idaho, R.F.D. No. 2 P. O. Address

Subscribed and sworn to before me this 27th day of February, 19 42
(SEAL) [illegible] Notary Public, residing at Idaho Falls, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 [illegible] by [illegible], Registrar.
MAR 23 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-112-040 449

338234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 9 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 3/4 yrs.

3. RESIDENCE OF FATHER (city, state) Kila Mont

4. FULL NAME OF CHILD James Eugene Cone

5. Date of Birth of Child (Month, day, year) Sept 12th 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Hamilton Cone
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Belmont Florida (City or town) (State or foreign country)
14. Exact Occupation Miner and Farmer
15. Industry or Business as above

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Agnes Murphy
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Kansas City Mo (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business as above

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Flathead } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Natural Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 33 years, and that Un Carnes (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J H Cone Signature
Kila Mont P. O. Address

Subscribed and sworn to before me this 30 day of March, 1942
(SEAL) P. McNeiven Notary Public, residing at KALISPELL, MONT.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary H Keefer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-102-025-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338320
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Kooskia Idaho

4. FULL NAME OF CHILD Rolla Robert Thenon

5. Date of Birth of Child (Month, day, year) May 2 1909

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd no **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Carl Thenon
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Lansing (City or town) Michigan (State or foreign country)
14. Exact Occupation Forest Service Employe
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Roxie Gray
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Marsden (City or town) Washington (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. Aleorn (First name) (Last name), who attended this birth, Either now died (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roxie Thenon Jensen Signature

P. O. Address

Subscribed and sworn to before me this 18 day of March, 1942

(SEAL) [illegible] Notary Public, residing at Orofino

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by Mark [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-106-009-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338326
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clarks Fork
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Clarks Fork Ida

4. FULL NAME OF CHILD Thomas John Coleman

5. Date of Birth of Child (Month, day, year) June 6, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clyde John Coleman
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Fredericksburg (City or town) Iowa (State or foreign country)
14. Exact Occupation R R station agent
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther E Norman
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Hinckley (City or town) Minnesota (State or foreign country)
20. Exact Occupation None
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Missoula } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Doctor Page (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clyde John Coleman Signature
Haugan Mont P. O. Address

Subscribed and sworn to before me this 18th day of March, 1942
(SEAL) Effie Brennan Notary Public, residing at DeBorgia Mont
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by Mark H Leffers, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-130-002-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 21 1942

State File No. 338361
Local Reg. No. 184
Reg. Dist. No. 300

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams.
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Council, Idaho

4. FULL NAME OF CHILD GEORGE ANDERSON.

5. Date of Birth of Child (Month, day, year) Nov. 30th. 1909

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Aaron Ellsworth Anderson.
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Council (City or town) Idaho. (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Winkler.
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Council, (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Mrs J.D. Poynor (First name) (Last name), who attended this birth Is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Anderson Signature
Council, Adams County, Idaho. P. O. Address

Subscribed and sworn to before me this 18 day of March, 1942

(SEAL) E. W. Ellington Notary Public, residing at Council Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 3/12/42 by Glenn L. Humphrey M.D. Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 338403
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home residence
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ___ days. IN THIS county 1 years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 2nd Street North
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address 2nd Street North

3. RESIDENCE of FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Sibella Hortense Koch

5. Date of Birth (Month, day, year) August 12, 1909

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William A. Koch
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Koln on Rhine (City or town) Germany (State or foreign country)
14. Exact Occupation Brewmaster
15. Industry or Business Brewing; Crescent Brg. Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Auguste W. Helten
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Dortmund, Westphalia: Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate Sol.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

26. (a) MAR 23 1942 (Date received) (b) ___ (Registrar's signature)

27. Given name added on ___ by ___ (Registrar's signature)

25. Attendant's OWN signature Geo. A. Kellogg M.D. (D.O., Midwife, etc.) and address Nampa, Idaho Date 3-16-42

State of California
County of San Francisco } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Auguste W. Koch, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Sibella Hortense Koch (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kellogg (Name of attendant at birth), who attended said birth has been located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Auguste W. Koch Signature

145 San Juan Ave., San Francisco, Calif. P. O. Address

Subscribed and sworn to before me on this 16th day of February, 1942

(SEAL) Florence Haney Notary Public, residing at 2595 Mission St. San Francisco

My Commission expires May 1st 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-113-028-384

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338408
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Kootenai (b) City: Bellegrove
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 6 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Kootenai
(c) City: Bellegrove
(d) Street Address or R.F.D. No.: Star Route
(e) How long has MOTHER lived in Idaho? 6+ yrs.

3. RESIDENCE OF FATHER (city, state) Bellegrove, Idaho

4. FULL NAME OF CHILD: Mancil Gordon Beaudreau

5. Date of Birth of Child (Month, day, year): Oct. 13, 1909

6. Sex: Male **7.** Twin or Triplet: If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy: 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Bert Medrick Beaudreau
11. Color or Race: White **12.** Age at time of THIS birth: 38 yrs.
13. Birthplace: Cottonwood Falls, Kansas (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Erminnie Thurston
17. Color or Race: White **18.** Age at time of THIS birth: 41 yrs.
19. Birthplace: Knowlton, Marathon County, Wisc. (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 8 (b) Born alive and now living: 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of: Idaho
County of: Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 32 years, and that Mrs. Malinda Sim (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Erminnie Beaudreau Signature
Star Route, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of March, 1942
(SEAL) Notary Public, residing at Coeur d'Alene, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

594-119-006-434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338417
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Orchard St.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida

4. FULL NAME OF CHILD John Harvey Eiman

5. Date of Birth of Child (Month, day, year) Feb. 19, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Andrew Eiman
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ann McMurdie
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Paradise, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Mrs. Lyons (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John A. Eiman — Signature
709 N. 5th, Pocatello, Idaho. — P. O. Address

Subscribed and sworn to before me, this 18 day of March, 1942
(SEAL) Frances Bentley — Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593-203-029-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 338428
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 29 years 10 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 29 yrs.
(f) Mother's mailing address Viola

3. RESIDENCE of FATHER (city, state): Viola Idaho

4. FULL NAME OF CHILD Alta Genevieve Nichols

5. Date of Birth (Month, day, year) July 23, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Francis Marion Nichols
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Lawrence (City or town) Kansas (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Addie Belle Harrison
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Sacramento (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Belle Nichols (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 23 1942 (Date received) (b) Mabel H. Fuller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Mrs Hattie Silvey M.D. (D.O., Midwife, etc.)
and address Moscow Idaho Date March 21

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

____ Signature
____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

V34-213-235-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338489
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Dora McMillen

5. Date of Birth of Child (Month, day, year) May 13, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George A. McMillen
11. Color or Race white
12. Age at time of THIS birth 52 yrs
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business for self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Elizabeth Kriebel
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Berks Co. Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 32 years, and that The Mid-wife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma E. McMillen — Signature
Genesee, Idaho — P. O. Address

Subscribed and sworn to before me this 20th day of March, 1942.

(SEAL) [illegible] — Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

452-106-001-443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338497
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Miss. (b) County Rankin
(c) City Brandon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Lyons Territory

4. FULL NAME OF CHILD Lawrence Larry Meskimen

5. Date of Birth of Child (Month, day, year) Oct. 26 - 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Albert Meskimen
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace (City or town) Illinois (State or foreign country)
14. Exact Occupation Gardener
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Corinne Mullholland
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Brandon (City or town) Miss. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Okla. County of Cleveland } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Mrs. (First name) S. Clay (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs D. L. Colclasure Signature
1018 N. Symmes P. O. Address

Subscribed and sworn to before me this 12 day of March, 1942

(SEAL) my Comm. Exp. Jan 26 44 W. H. Dutton Notary Public, residing at Norman Okla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mark H. Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-229-042-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338508
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 260 4th Ave. E.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 260 4th Ave. E.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Id

4. FULL NAME OF CHILD Dorothy Mae Dinkelacker

5. Date of Birth of Child (Month, day, year) July 29, 1909

6. Sex fem. **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** ~~Legitimate~~? Yes

FATHER OF CHILD

10. FULL NAME Harry Lewis Dinkelacker
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Butler Valley, Penn. (City or town) (State or foreign country)
14. Exact Occupation Contractor-Dealer
15. Industry or Business Electrical

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Price Dickerson
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Burgin, Ky. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name ~~prophylactic used to prevent~~ Ophthalmia Neonatorum Sol. Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that C. D. Weaver (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. H. L. Dinkelacker Signature
Box 515, Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of March, 1942.
(SEAL) F. Black Notary Public, residing at Twin Falls
My Commission Expires Jan. 16, 1944
(Note: Perjury is punishable as a felony in Idaho, See Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Mark Nielsen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-218014-655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338517
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City CALDWELL
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 6 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City CALDWELL
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) CALDWELL IDA.

4. FULL NAME OF CHILD CAROL DOROTHY OVER

5. Date of Birth of Child (Month, day, year) JAN 18 - 1909

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GEORGE A. OVER
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace ALBION (City or town) ILL (State or foreign country)
14. Exact Occupation GROCERY CLERK
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARIAN K. OVER
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace BROOKINGS (City or town) SO DAK (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that DR. JOHN GUE (First name) (Last name), who attended this birth CANNOT LOCATE (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marian K. Over — Signature
P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942

(SEAL) Mae D. Lo Guo — Notary Public, residing at El Segundo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-128-028-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338536
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenalls (b) City Post Falls
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenal
(c) City Post Falls
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls, I

4. FULL NAME OF CHILD Jack Le Roy Hampton

5. Date of Birth of Child (Month, day, year) March 28, 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnacy 9 mo. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Marvin Wesley Hampton
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace St. Louis (City or town) Mo. (State or foreign country) U.S
14. Exact Occupation Railroad man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jenny Keck
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Canton, (City or town) Mo. (State or foreign country) U.S
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 9 A M. on the date and at the place stated above, and that personal particulars were furnished by Jennie (First name) Hampton (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that XXXXXXXXXXXXXXXXXXXX (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jennie Hampton Signature
818 East 47 St, Tacoma Wash P. O. Address

Subscribed and sworn to before me this 19th day of March, 1942
(SEAL) Martin J. Lahusen Notary Public, residing at Tacoma
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Mel Pfeifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-109-003-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338561
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City LUND
(c) Street Address or R.F.D. No. LUND
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOC
(c) City LUND
(d) Street Address or R.F.D. No. LUND
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) LUND IDAHO

4. FULL NAME OF CHILD HANS MARVIN HANSEN

5. Date of Birth of Child (Month, day, year) July 9, 1909

6. Sex MALE

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLARD Hansen
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace LOGAN (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HANNAH MARIE STEFFENSEN
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace LOGAN (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOUSEKEEPER

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the UNCLE (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that ALICE (First name) ASTON (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Abraham Hansen Signature
College Ward, Box 101 Route 1, Logan, Utah P. O. Address

Subscribed and sworn to before me this 23rd day of March, 19 42

My Commission Expires (SEAL) 3, 1945 O. L. Eastman Notary Public, residing at Logan, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279-42-008-818

338635

338635

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338635
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 mo yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Ennis Ellsworth. Sprague

5. Date of Birth of Child (Month, day, year) 9th 12th 09

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mO

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert Chester. Sprague
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Muskegon (City or town) Michigan (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Anna Hayen
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Miller (City or town) South Dakota (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Indiana
County of Starke } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Midwife (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Anna Sprague Signature
R.R. 3 walkerton P. O. Address

Subscribed and sworn to before me this 28th day of Mar, 1942.

(SEAL) Harry Davidson J. P. Notary Public, residing at R.R. #3 Walkerton

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-128-028-513

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338658
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai, (b) City LaCross (Gibbs)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City LaCrosse (Gibbs)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? two yrs.

3. RESIDENCE OF FATHER (city, state) LaCrosse (Gibbs) Idaho

4. FULL NAME OF CHILD John Wargi, Jr.

5. Date of Birth of Child (Month, day, year) March 28, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Wargi
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Czechoslovakia (City or town) (State or foreign country)
14. Exact Occupation Millworker
15. Industry or Business Lumber mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Eachon
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Czechoslovakia (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 32 years, and that Dr. Max Dorland (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Wargi — Signature
Hayden Lake, Idaho, Box 179 — P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1942

(SEAL) [illegible] — Notary Public, residing at Coeur d Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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652-216-009-955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338673
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Newport
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Newport
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 Mo. 16 day

3. RESIDENCE OF FATHER (city, state) Newport, Idaho

4. FULL NAME OF CHILD Alice Etta Webb

5. Date of Birth of Child (Month, day, year) Dec. 16 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Melvin Fredrick Webb
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Sutherland, Iowa (City or town) (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Aimee Ada Reece
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Stanberry, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Mrs. L. E. Coryelle (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Aimee Webb — Signature
423 N 14th Coeur d'Alene Ida — P. O. Address

Subscribed and sworn to before me this 26 day of March, 1942
(SEAL) — Notary Public, residing at Coeur d'Alene Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X 386-104-035-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338674
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Southwick Idaho

4. FULL NAME OF CHILD Alfred Anson Thornton

5. Date of Birth of Child (Month, day, year) Dec 4th 1909

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Normal

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Edwin Thornton
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Beaver City (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phebe Sylvia Davis
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Pomeroy (City or town) Washington (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for ✓ years, and that Dr (First name) Harrauus (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phebe Sylvia Thornton Signature
Route 2 Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1942.

(SEAL) E. E. Graves Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-208-025-714

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338714
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: xx
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 35 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. x
(e) How long has **MOTHER** lived in Idaho? 68 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Rosalia Bernice Mallick

5. Date of Birth of Child (Month, day, year) Jan. 8, 1909

6. Sex Female **7.** Twin or Triplet x If so—born 1st, 2nd, 3rd x **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Peter Mallick
11. Color or Race French & Nez Perce **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Idaho Co., Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business x

MOTHER OF CHILD

16. FULL MAIDEN NAME M. Josephine Gaddy
17. Color or Race French & Nez Perce **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Idaho Co. Idaho. (City or town) (State or foreign country)
20. Exact Occupation House-keeper.
21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum x
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was x (Born alive, stillborn) at x M. on the date and at the place stated above, and that personal particulars were furnished by x (First name) (Last name), who is related to this child as x (Mother, etc.)

25. Attendant's **OWN** signature x M.D. Midwife Address x Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 33 years, and that Cannot recall name (First name) of midwife (Last name), who attended this birth xxxx (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. Josephine Mallick Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of March, 19 42
(SEAL) M. Otherwise Notary Public, residing at Grangeville, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mark Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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619-112-018-843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338731
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Pierce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Pierce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Charles Fredrick Warren

5. Date of Birth of Child (Month, day, year) July 12, 1909

6. Sex M **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Aaron Smith Warren
11. Color or Race White **12.** Age at time of THIS birth 63 yrs.
13. Birthplace Haverhill (City or town) Mass. (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Meat Market

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ramsey Hutchinson
17. Color or Race White **18.** Age at time of THIS birth 44 yrs.
19. Birthplace Prince Edward Island (City or town) Canada (State or foreign country)
20. Exact Occupation Hotel Keeper
21. Industry or Business Hotel

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 33 years, and that Aaron Smith Warren (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Warren Signature
Box 1 Idaho P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942
(SEAL) [illegible] Notary Public, residing at Lewiston Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-187-002-819

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338735
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 21 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No. Not known
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Council, ~~Idaho~~

3. RESIDENCE of FATHER (city, state) Council, ~~Idaho~~

4. FULL NAME OF CHILD GILBERT LEWIS ANNIA

5. Date of Birth (Month, day year) March 17, 1909

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lewis Annia
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Fresno, California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Harpe
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Council, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Bessie Annia (First name) (Last name), who is related to this child as mother of child. (Mother, etc.)

26. (a) MAR 25 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Bessie Annia M.D. (Mother of child) and address Yakima, Wash. Date Mch. 24, 1942

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Bessie Annia and Lewis Annia each being first duly sworn, say that I am related to (Related to (or) acquainted with) Gilbert Lewis Annia (Name of person on certificate above) as father and mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Celia Poynor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bessie Annia Lewis Annia Signature
Yakima, Washington P. O. Address

Subscribed and sworn to before me on this 24th day of March, 1942
(SEAL) Bernice Annia Notary Public, residing at Sunnyside.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

298-218-007-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338740
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho, (b) County Blaine
(c) City Bellevue,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Emily Katherine Bryden

5. Date of Birth of Child (Month, day, year) Aug. 18, 09

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Warren Bryden,
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Tivo, Nevada. (City or town) (State or foreign country)
14. Exact Occupation Miner,
15. Industry or Business Miner,

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Grenfell,
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace England, (City or town) (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Midwife, dead. M.D. Midwife Address Date

State of State of California
County of Los Angeles, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Jane Stitt, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Bryden Signature
52 Chestnut Ave. LONG BEACH, CALIF. P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1942

(SEAL) Fred R. Pettower Notary Public, residing at Long Beach Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC
In and for the County of Los Angeles, State of California
My Commission Expires Oct. 11, 1942

Received for filing on MAR 25 1942 by Mabel Keller Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-120-009-393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338758
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNER (b) City SANDPOINT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County BONNER
(c) City SANDPOINT
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? [redacted] 8 yrs.

3. RESIDENCE OF FATHER (city, state) SANDPOINT

4. FULL NAME OF CHILD Archie Ray COTTER

5. Date of Birth of Child (Month, day, year) June, 20-1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** William Byron COTTER
11. Color or Race Wht
12. Age at time of THIS birth 23 yrs.
13. Birthplace NEAR Holtin Mich (City or town) (State or foreign country)
14. Exact Occupation DRAY MAN
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola May Tilton
17. Color or Race Wht
18. Age at time of THIS birth 19 yrs.
19. Birthplace Pt. Clinton Ohio (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Curry } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32-9 Mos years, and that DR. (First name) MOODY (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola May Cotter Signature

P. O. Address

Subscribed and sworn to before me this 22 day of March, 1942

(SEAL) [illegible] Notary Public, residing at Port Orford, Ore.

My commission expires [illegible] 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-18-1242-719

338766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Born in home
(e) Mother's stay **BEFORE** delivery: IN THIS county yes years 4 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Country Home
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls Idaho

4. FULL NAME OF CHILD Gerald Francis Denny

5. Date of Birth of Child (Month, day, year) July 28, 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Franklin Denny
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Grace Parrett
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) Auburn (State or foreign country) Illinois
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 10:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Stella (First name) Grace Denny (Last name) is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Deceased Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Dr John R Morgan (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Stella Denny Signature
548 - 5th Ave West P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1942
(SEAL) Louise Kroth Notary Public, residing at Twin Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by Maud Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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156-125206755

338827

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338827
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. 7
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 7
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Id

4. FULL NAME OF CHILD Neil Penn Jeffery

5. Date of Birth of Child (Month, day, year) March 25, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Jeffery
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Waverly (City or town), Nebraska (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Jane Penn
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Red Oak (City or town), Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. George Jeffery (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. ~~Midwife~~ Address [illegible] Date [illegible]

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mary E. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-121-042-238 338846 338846

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 31 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls, Idaho.
(c) Street Address or R.F.D. No. R # 2.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 1 months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Twin Falls.
(c) City Twin Falls.
(d) Street Address or R.F.D. No. R # 2.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alfred Peter Stronk.

5. Date of Birth of Child (Month, day, year) March 21, 1909.

6. Sex Male. 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Michael A. Stronk.
11. Color or Race White. 12. Age at time of THIS birth 31. yrs.
13. Birthplace Jefferson, (City or town) Iowa. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Postmaster, Twin Falls, Idaho.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Marie Scheuring.
17. Color or Race White. 18. Age at time of THIS birth 31. yrs.
19. Birthplace Lawston, (City or town) Illinois. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho. County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Dr. (First name) Walter F. Pike (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Rose M. Stronk ..... Signature
Twin Falls, Ida. R.R.2 ..... P. O. Address

Subscribed and sworn to before me this 20 day of March, 1942.
(SEAL) Stuart H. Taylor Notary Public, residing at Twin Falls Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mark F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

869-111-10-556 338871

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 1 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338871
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNEVILLE (b) City IDAHO-FALLS
(c) Street Address or R.F.D. No. 341 South Water Ave.
(d) Name of Hospital or Maternity Home: AT-HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City IDAHO-FALLS
(d) Street Address or R.F.D. No. 341-South WATER AVE
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO-FALL-IDAHO

4. FULL NAME OF CHILD THOMAS-NEWMAN-HORKLEY

5. Date of Birth of Child (Month, day, year) Dec. 11-1909

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy NINE 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOSEPH-WILLARD-HORKLEY
11. Color or Race WHITE 12. Age at time of THIS birth 34 yrs.
13. Birthplace CHIRCH-GREESELY-ENGLAND (City or town) (State or foreign country)
14. Exact Occupation FLOUR-MILLER
15. Industry or Business SAME-AS-ABOVE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AMELIA-SOPHIA-NEWMAN
17. Color or Race WHITE 18. Age at time of THIS birth 32 yrs.
19. Birthplace PEOA (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business SAME-AS-ABOVE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 11-A. M. on the date and at the place stated above, and that personal particulars were furnished by AMELIA-SOPHIA-HORKLEY (First name) (Last name) who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Josephine Newman Midwife Address Rigby R1. Idaho Date Mar 25-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Maud E. Edwards, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

128-213-042-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338885

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Lee Asher			2. Date Of Birth (month) 12 (day) 13 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Buhl, Idaho a. County: Twinfalls	b. City or Town of Birth: Buhl
FATHER	6. Full Name of Father: Arthur Edward Asher			7. State or Country of Father's Birth: Excelsior Springs Missouri
MOTHER	8. Full Maiden Name of Mother: Armina Belle Beck			9. State or Country of Mother's Birth: Owasco, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys L Bowen		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on APR 21 1972 19	12. Signature of Notary: [signature]		13. Notary Commission expires: My Commission Expires March 27, 1976 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Idaho Vehicle Operator's License	By whom issued and signed: State of Idaho # 1988R	Date Issued: Dec.3,1962	Date Orig. Entry: ---
	Date of Birth: Dec.13,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: U.S. Dept. of Commerce	Date Issued: Jan.14,1972	Date Orig. Entry: Census taken Jan.1, 1920
	Date of Birth: Age 10	Birth Place: Idaho	Full Name of Mother: Armina Belle Asher	Name of Father: Arthur E. Asher
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 155668	Date Issued: ----	Date Orig. Entry: Child born Aug 8,1927
	Date of Birth: Age 17	Birth Place: Buhl, Idaho	Full Name of Mother: ----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: May 2,1972

FORM BH 56067

338885

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338885
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. Maine St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 Months yrs.

3. RESIDENCE OF FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD Gladys Lea Asher

5. Date of Birth of Child (Month, day, year) 12-13-1910

6. Sex Girl White **7.** Twin or Triplet If so—born 1st, 2nd, 3rd ✓ **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME ~~Author~~ Arthur Edward Asher
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace ✓ (City or town) Mo. (State or foreign country)
14. Exact Occupation
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Armina Belle Beck
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace ~~Bonifacio Cuba~~ (City or town) Owasco Mo. (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Armina Belle Asher (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature deceased M.D. Midwife Address Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Mrs Sam Curley (First name) (Last name), who attended this birth Last heard of Boise Ida (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Armina Belle Asher Signature
P. O. Address

Subscribed and sworn to before me this 28 day of March, 1942
(SEAL) S P Dill Notary Public, residing at Hermiston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Exp. Apr 23 1943

Received for filing on APR 1 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

MAY 2 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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892-130-022-386

338887

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

APR 2 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

338887

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Fremont
City of Market Lake
No. 0 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Bertice Hibbert

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Mch. 30th 1909 (Month, Day, Year)

FATHER

9. Full name B. Chas. Hibbert

10. Residence (usual place of abode) (If non-resident, give place and State) Kilgore Ida.

11. Color or race W. | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Enterprise Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Evalyn Thomison

19. Residence (usual place of abode) (If non-resident, give place and State) Kilgore Ida.

20. Color or race W | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) Topeka Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 5:30 at 4 m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) C R Jones, M. D.

or ....., Midwife

Address Dubois Idaho

Filed APR 2 1942 193 Mary E Leder

419-121-035-433

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338888
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home of parents
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Culdesac Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD James Alfred Marquam
5. Date of Birth (Month, day year) July 21-1939
6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD
10. FULL NAME William Alfred Marquam
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Dufur, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Calista M. McCrery
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace [illegible] (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 30 1942 (Date received) (b) [illegible] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, William A. Margeson, being first duly sworn, say that I am Related (Related to (or) acquainted with) James A. Margeson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ragsdell (Name of attendant at birth), who attended said birth Cannot Located (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

W. A. Margeson Signature
Culdesac Idaho P. O. Address

Subscribed and sworn to before me on this 27 day of March 1942
(SEAL) Eugene Lane Jr. Notary Public, residing at Craigmont

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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396-170-025-317

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338906
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Dont know

4. FULL NAME OF CHILD Russell Marshall Crocker

5. Date of Birth of Child (Month, day, year) 5/30/09

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Claudious M. Crocker
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Dont know (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jeanetta Capwell
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Rockville Penn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 33 years, and that Dr Alkhorn (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Otto Adamson Signature
Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 3 day of March, 19 42.
(SEAL) E. F. Cleveland Notary Public, residing at Kooskia Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 MAY 30 1942 by Mabel Kiefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

APR 2 1974

DELAYED REGISTRATION LAW

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318-108-044-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338917
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. xxxxx
(d) Name of Hospital or Maternity Home: xxxxxxxx
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 10 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Locke Donald Taylor

5. Date of Birth of Child (Month, day, year) Jan 8, 1909

6. Sex male **7.** Twin or Triplet xxxx If so—born 1st, 2nd, 3rd xxxx **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Waldo Taylor
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Canisteo (City or town) New York (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business xxxxx

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Marguerite Watson
17. Color or Race white **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Palo Pinto (City or town) Texas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business xxxxxx

22. Name prophylactic used to prevent Ophthalmia Neonatorum xxxxxx
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Dr [illegible] deceased M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Dr G. M. Waterhouse (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Waldo Taylor Signature
Weiser, Idaho, RFD #2 P. O. Address

Subscribed and sworn to before me this 28th day of March, 19 47.
(SEAL) [illegible] Notary Public, residing at Weiser Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253-109-036-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 338924
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Theron Eugene Beckstead

5. DATE OF BIRTH (Month, day, year) Aug 9 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Eugene Beckstead

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Brigham City Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Lucinda Jenkins

17. Color or Race white

18. Age at time of THIS birth 22 yrs.

19. Birthplace South Jordan Utah
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 9:20 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ida Beckstead (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 30 1942 (Date received) Mary H. Hedin (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Nancy E. Beckstead M.D. (D.O., Midwife, etc.)
and address Preston Idaho Date

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

415-118-005-533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338930
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Emida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Parents Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eugene Elvin Davis

5. Date of Birth of Child (Month, day, year) Jan. 10, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Oscar Davis
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Farmington, Washington (City or town) (State or foreign country)
14. Exact Occupation Merchant and Postmaster
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Edna Ells
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Iroquois, South Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was bornalive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Linn } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that Mrs. OPHA ELLS (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Oscar Davis
Signature

Lebanon, Oregon
P. O. Address

Subscribed and sworn to before me this 26th day of March, 19 42

(SEAL)

Notary Public, residing at Lebanon, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission exps: Nov. 1, 1943.

Received for filing on MAR 28 1942 by Mary Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-25 w 29-254

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338960
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) ~~Street Address~~ or R.F.D. No. R.F.D. ~~Box~~ #2
(d) Name of Hospital or Maternity Home: Box 23
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County LATAH
(c) City
(d) Street Address or R.F.D. No. R.F.D. 2 Box 23
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Ida.

4. FULL NAME OF CHILD Florence Lorraine Reeder

5. Date of Birth of Child (Month, day, year) Aug. 15, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ross Robinson Reeder
11. Color or Race White **12.** Age at time of THIS birth 50 yrs.
13. Birthplace Rural Dist. (City or town) Fredonia, Iowa. (State or foreign country)
14. Exact Occupation Rancher & Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Marie Bemrod
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace St France (City or town) - France (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12 Noon M. on the date and at the place stated above, and that personal particulars were furnished by Ross (First name) Reeder (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Orange } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 32½ years, and that Joseph (First name) Aspray, M.D. (Last name) who attended this birth is Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ross Robinson Reeder Signature
214 W. Malvern Ave. Fullerton, Calif. P. O. Address

Subscribed and sworn to before me this 19th day of March, 19 42

(SEAL) [signature] Notary Public, residing at Fullerton, Calif.
My Commission expires October 12, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-13D-0 25-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338962
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooterville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Clifford Albert Barnes.

5. Date of Birth of Child (Month, day, year) June 30 1909

6. Sex Male 7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Albert Daniel Barnes.
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Menomonee Falls (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ina Veldora Williams
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Weiser (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Dr. M. B. Blake (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ina Veldora Centers. Signature
Kachess Park K S-1 P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942
(SEAL) M. M. Treadgold Notary Public, residing at Gardena
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary M. Felsher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-219-038-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338964
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Florence [redacted] Miller

5. Date of Birth of Child (Month, day, year) January 19-1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew Miller
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace St Joseph (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Eliza Keele
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace St. Joseph (City or town) Missouri (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Coos } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 79 years of age, that I have known this person for 33 years, and that Lydia Keele (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
My Commission Expires April 24, 1945.

Andrew Miller Signature
North Bend, Oregon P. O. Address

Subscribed and sworn to before me this 27th day of March 1942.
(SEAL) Irwin D. Fleener Notary Public, residing at North Bend, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary Fraser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-104-006-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338991
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Milo
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Milo
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Milo, Idaho

4. FULL NAME OF CHILD Emerson Adis Rowley

5. Date of Birth of Child (Month, day, year) Sept. 4, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 months

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Hugh Thompson Rowley
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Meadow, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Davis
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Cedar Fort, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

No doctor
Mrs Josephine Newman, Midwife, deceased

State of Montana
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 32 years, and that Josephine Newman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hugh Thompson Rowley — Signature
Harlem Montana — P. O. Address

Subscribed and sworn to before me this 19 day of December 1941.
(SEAL) John Marlow — NOTARY PUBLIC for the State of Montana, Notary Public, residing at Harlem, Montana.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
My Commission Expires January 31st, 1943

Received for filing on MAR 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-204-035-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338993
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Ahsahka
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Nez Perce
(c) City AHSAHKA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) AHSAHKA, IDAHO

4. FULL NAME OF CHILD DOLLY ANNA DANIELS

5. Date of Birth of Child (Month, day, year) Dec. 4-1909

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME WARNER OLIVER DANIELS
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Beverly (City or town) West Virginia (State or foreign country)
14. Exact Occupation LABOR
15. Industry or Business PAPER MILL

MOTHER OF CHILD

16. FULL MAIDEN NAME EMMA DAVIS
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Green County (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that James (First name) Farley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Daniels Signature
Spokane, Washington P. O. Address

Subscribed and sworn to before me this 26th day of March, 19 42
(SEAL) C. D. Brough Notary Public, residing at Spokane, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-N2-029-652

339017

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Onaway
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home of parents
(e) Mother's stay **BEFORE** delivery: IN THIS county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Onaway
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Onaway Idaho

4. FULL NAME OF CHILD Virgil Delmar Browning

5. Date of Birth of Child (Month, day, year) Oct. 12. 1909

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate yes

FATHER OF CHILD

10. FULL NAME Albert Browning
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanch E. West
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Potlatch (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 64 years of age, that I have known this person for 32 years, and that Fr. C. LaPard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Browning Signature
R # 1, Orchards, Washington P. O. Address

Subscribed and sworn to before me this 27th day of Mch., 1942.
(SEAL) Dale McMullen Notary Public, residing at Vancouver
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-911 Idaho Code Annotated)

Received for filing on MAR 30 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

997-117-035-491

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339026
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Rubens
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Rubens
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Rubens, Idaho

4. FULL NAME OF CHILD Lionel Halem Zigler

5. Date of Birth of Child (Month, day, year) Dec. 17, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Lewis Zigler
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ann Davis City, Iowa (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business his own Blacksmith Shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zelpha Margaret Drazey
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Goffs, Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business ~~helping her mother in her home~~

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Skagit } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Alice McCalmont H. Davey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles L. Zigler — Signature
R 1-Anacortes, Washington — P.O. Address

Subscribed and sworn to before me this 12 day of March, 19 42.
(SEAL) H. O. Davey H. O. Davey Notary Public, residing at Anacortes, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 MAR 30 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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113-218-40-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339030
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 128 1st St.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 128 1st St.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Id

4. FULL NAME OF CHILD Nola Jackson

5. Date of Birth of Child (Month, day, year) Sept 18, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Theodore H. Jackson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace State of Utah (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Hill
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace State of Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the oldest sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 32½ years, and that Mrs Thompson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Viola Jackson Beecroft Signature
2043 69th St. Oakland, Calif. P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942

(SEAL) Joy Harvey Notary Public, residing at Oakland California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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892-114-029-755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339088
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. Cedar St.
(d) Name of Hospital or Maternity Home: born in the home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No. Cedar St.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Potlatch Idaho

4. FULL NAME OF CHILD Clayton Valentine Hibbard

5. Date of Birth of Child (Month, day, year) Sunday February 1, 1942

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elmour Oscar Hibbard
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Chippewa County (City or town) Wisconsin (State or foreign country)
14. Exact Occupation mill wright
15. Industry or Business lumber industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine ~~Hibbard~~ Pevan
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Chippewa Falls (City or town) Wisconsin (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Hibbard ..... Signature
Spokane Washington ..... P. O. Address

Subscribed and sworn to before me this 20th day of Mch, 1942
(SEAL) A. Crawford ..... Notary Public, residing at Spokane Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mark Thompson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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169-183-010-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339090
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Ucon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ucon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Ucon, Idaho

4. FULL NAME OF CHILD Nephi Moroni Jorgensen

5. Date of Birth of Child (Month, day, year) Oct. 23rd, 1909

6. Sex male **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd 5 **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Neils C.A. Jorgensen
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation blacksmith
15. Industry or Business blacksmith-welder

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Marie Hansen
17. Color or Race white **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont remember

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 32 years, and that Mrs. Thompson (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Neils C. A. Jorgensen
Signature
Rigby, Idaho
P. O. Address

Subscribed and sworn to before me this 26 day of March, 19 42

(SEAL) Vera R. Bennett Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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552-215-010-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339108
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County BONNEVILLE (b) City IONA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City FARM
(d) Street Address or R.F.D. No. ANTALOPE
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address ANTALOPE
3. RESIDENCE of FATHER (city, state) ANTALOPE, Id.

4. FULL NAME OF CHILD LIZZIE NEBEL
5. Date of Birth (Month, day, year) 10/15/1909
6. Sex FEMALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME NEBEL - JOHN
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace WYOMING - U.S.A. (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ELIZABETH ELVIRY BASSETT
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace CLARKSTON WYOMING (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 27 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, JOHN FRANKLIN NEBEL, being first duly sworn, say that I am RELATED-TO (Related to (or) acquainted with) LIZZIE NEBEL (Name of person on certificate above) as BROTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John Franklin Nebel
Signature
Baker
P. O. Address

Subscribed and sworn to before me on this 24th day of February, 19 42

(SEAL) Frederick Douglas Smith Notary Public, residing at Salmon, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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113-109-007-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339138
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BLAINE (b) City HAILEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City HAILEY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD WALTER CHALMERS JACKSON

5. Date of Birth of Child (Month, day, year) NOV 9 1909

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME FRANK R JACKSON

11. Color or Race WHITE

12. Age at time of THIS birth 34 yrs.

13. Birthplace FRANKTOWN (City or town) NEV (State or foreign country)

14. Exact Occupation BLACKSMITH

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LELA ALICE WILLIAMS

17. Color or Race WHITE

18. Age at time of THIS birth 24 yrs.

19. Birthplace ATHENA (City or town) OREGON (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 6-30 P.M. on the date and at the place ~~stated above~~, and that personal particulars were furnished by Lela Alice Jackson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. Midwife Address Hailey Date Idaho

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

696 - Copy. 010-036

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 3 1942

State File No. 339169
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Lincoln
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Lincoln
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Lincoln, Idaho

4. FULL NAME OF CHILD Austin Edwin Fife

5. Date of Birth of Child (Month, day, year) December 18, 1909

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd X

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Harris Fife
11. Color or Race white
12. Age at time of THIS birth about 52 yrs.
13. Birthplace Providence (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Stocks
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Murray (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Live alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Mary Elizabeth Stocks (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature John O. Miller M.D. Midwife Address Idaho Falls, Ida. Date Feb. 19, 1942

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 MAR 31 1942 by Mary E. Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-226-225-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339214
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 6 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yr. 6 mo. 25 da. yrs.

3. RESIDENCE OF FATHER (city, state) Cottonwood Ida

4. FULL NAME OF CHILD Iris Savilla Swartz

5. Date of Birth of Child (Month, day, year) July 26, 1909

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Michael Swartz
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Memphis (City or town), Missouri (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Prudence Downs
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Canton (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Prudence Swartz (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature John [illegible] M.D. ~~Midwife~~ Address Riverdale, Calif. Date 3/24-42

State of
County of ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, ~~or~~ by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763-109-044-867

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339219
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 10 months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale Idaho

4. FULL NAME OF CHILD Clifford Harold Potter

5. Date of Birth of Child (Month, day, year) Feb. 9 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Francis Potter
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Mercer County (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie May Hopper
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Taney County (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Dr. Hewings (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie May Hopper Potter Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me this 23 day of March 1942
(SEAL) J. H. Goodrich Notary Public, residing at Midvale Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mabel Hyslop, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-120-008-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339225
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Pearl
(c) Street Address or R.F.D. No. Pearl Idaho
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 2 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Pearl Idaho
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Pearl Idaho

4. FULL NAME OF CHILD Harry Thomas Harper

5. Date of Birth of Child (Month, day, year) Sept. 20, 1909

6. Sex Male

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd -----

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oscar Edwin Harper
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Wiccinisco (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Ella McCabe
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Linflat (City or town) Texas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Dr. (First name) Clark (Last name), who attended this birth Cannot Be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Ella Harper. Signature

1304 Verden St. Klamath Falls P. O. Address

Subscribed and sworn to before me this ..... day of March, 1942

(SEAL) Leo R. Lindley Notary Public, residing at Klamath Falls Oregon

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES March 19, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 31 1942 by Maud Hodges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-227-011-742

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339230
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county X years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bonners Ferry

4. **FULL NAME OF CHILD** Violet Judith Johnson

5. Date of Birth of Child (Month, day, year) Feb. 27, 1909

6. Sex F

7. Twin or Triplet S If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charley Johnson
11. Color or Race W
12. Age at time of THIS birth 31 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Scaller
15. Industry or Business Logging

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Gustafson
17. Color or Race W
18. Age at time of THIS birth 32 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7:00AM M. on the date and at the place stated above, and that personal particulars were furnished by Alma (First name) Satterlund (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Minnesota
County of Isanti } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Dr. Frye (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Alma Satterlund Signature
Cambridge Minn. Rt. #2 P. O. Address

Subscribed and sworn to before me this 28th day of March, 19 42

(SEAL) Myron V. Peterson Notary Public, residing at Cambridge Minn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Clerk of the District Court, Isanti County, Minnesota

Received for filing on MAR 31 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-111-035-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339235
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Russel
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 1 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Russel
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Russel, Ida.

4. FULL NAME OF CHILD Leonard Eugene Johnson

5. Date of Birth of Child (Month, day, year) Nov. 11, 1909

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joe Perry Johnson
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Romeo, (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Montgomery
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Dassal, (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ida Johnson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ella Murphy ~~M.D.~~ Midwife Address Orofino, Idaho Date Mar. 24, 1942

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mark Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-129-025-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339237
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: X
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville

4. FULL NAME OF CHILD Clinton Thomas Wilson

5. Date of Birth of Child (Month, day, year) Feb. 29, 1909

6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Earl Wilson
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Kanesville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business X

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Marindy Moore
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Dr. J. L. Rains (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles E. Wilson Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of March, 19 42.
(SEAL) H. Rothwell Notary Public, residing at Grangeville
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary Wheeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-106-006-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339255
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City UCON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Ucon Idaho

4. FULL NAME OF CHILD Kwen Rex McLing

5. Date of Birth of Child (Month, day, year) April 6, 1909

6. Sex Male

7. Twin or Triplet Iso—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Wilford McLing
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Cashill (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie A. Peterson
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Millcreek (City or town) Utah (State or foreign country) Co
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 32 years, and that (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Minnie H McLing Signature
P. O. Address

Subscribed and sworn to before me this 30 day of March, 1942

(SEAL) Mesa Miller Notary Public, residing at 351 So 3 East Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Maud Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

399-123-016-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339256
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at family residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley Idaho

4. FULL NAME OF CHILD Aronald Monroe Critchfield

5. Date of Birth of Child (Month, day, year) Sept. 23, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lewis Abram Critchfield
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Tooele (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer + stock raiser
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Welky Wilson
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Salem (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 38 years, and that Dr. A. F. O. Nielson (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lewis R. Critchfield ..... Signature
Oakley Idaho ..... P. O. Address

Subscribed and sworn to before me this 28 day of March, 1942

(SEAL) C. J. Larson ..... Notary Public, residing at ..... Notary Public in and for the State of Idaho residing in Oakley, Cassia County, Idaho. Commission expires Jan. 6, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-128-035-893

339260

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Peck
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS county** 3 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Peck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Peck Ida

4. **FULL NAME OF CHILD** Glee Melcher

5. **DATE OF BIRTH** (Month, day, year) June 28-1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John R. Melcher
11. Color or Race W 12. Age at time of THIS birth 46 yrs.
13. Birthplace Indiana (City or Town) (State or foreign country)
14. Exact Occupation Photographer
15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie May Hickey
17. Color or Race W 18. Age at time of THIS birth 38 yrs.
19. Birthplace New York (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silv nit. 1%
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Hattie May Melcher (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAR 30 1942 (Date received) (b) Mary M. Kelsey (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** J. M. Lyle M.D. (D.O., Midwife, etc.)
and address Lewiston Ida Date 3-20-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

219-220-014-381

339266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of Mrs H A Edwards
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida.

4. FULL NAME OF CHILD Margaret Helen Barry

5. Date of Birth of Child (Month, day, year) 5-20-1909

6. Sex Female

7. Twin or Triplet None If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Irving Barry
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Davenport (City or town) Nebr (State or foreign country)
14. Exact Occupation Station Agent O.S.L.R.R. Payette
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Chatfield
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Crystal (City or town) Mich (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 3:15 a. M. on the date and at the place stated above, and that personal particulars were furnished by James (First name) Barry (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature F R Wadsworth M.D. Midwife Address Payette Ida Date 2/19/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mabel H Gilpin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-117-00K-312

339319 339319

United States
Department of Commerce
Bureau of the Census

APR 6 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339319
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Geneva.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At home.
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Bear Lake.
(c) City Geneva.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Floyd Harry Preston

5. Date of Birth of Child (Month, day, year) 3/17, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Bert Emmett Preston
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Ogden, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillas Jane Lashbrook.
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Geneva, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Bear Lake. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for all his life. years, and that Mrs. E. Blechert (First name) (Last name), who attended this birth now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillas Jane Preston Signature
Geneva, Idaho. P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942.
(SEAL) Chas E. Higgins Notary Public, residing at Montpelier, Idaho
(Note: Perjury is punishable as a felony in Idaho; See Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-108-207-691

APR 6 1942

339334 339334

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Ketchum Sublette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Ketchum, Sublette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Sublette Ida.

4. FULL NAME OF CHILD Albert Adolphus Welch

5. Date of Birth of Child (Month, day, year) Oct. 8, 1909

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Guy Clifford Welch
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) Neb. (State or foreign country)
14. Exact Occupation Farmer, (Carpenter)
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eleanor Anna Frank
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Bartwell (City or town) Neb. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 37 years, and that Fields (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie L. Siebenberg Signature
Route #1 Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942

(SEAL) Hazel Everett Notary Public, residing at Boise Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. expires July 25, 1942

Received for filing on APR 6 1942 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796.217.044-495

339357

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339357
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Court St.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Court St.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Olive N. Grove

5. Date of Birth of Child (Month, day, year) Oct. 17, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Abraham Lincoln Grove
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Orchardist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Drew
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Hamburg (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for life ~~years~~, and that Mrs. Wertz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Grove Signature
1281 West Second Street, Weiser, Ida. P. O. Address

Subscribed and sworn to before me this 17th day of March 1942
(SEAL) Fern Hansen Notary Public, residing at Weiser, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Maurl F. Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-22-5104-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339401
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. E. Court & 11th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. E Court & 11th
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Ida.

4. FULL NAME OF CHILD Alice Mildred Van Sice

5. Date of Birth of Child (Month, day, year) Nov. 25, 1909

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William C. Van Sice
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Bradford Co., Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Operated barber shop.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Alice Cope
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Bozeman, Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 32½ years, and that Dr. C.B. Shirley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie Canary ..... Signature
Weiser, Idaho ..... P. O. Address

Subscribed and sworn to before me this 28th day of March, 1942
(SEAL) ..... Notary Public, residing at Weiser, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

447-23-028-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339439
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: in own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Harrison, Ida.

4. FULL NAME OF CHILD Harvey James DuPraw

5. Date of Birth of Child (Month, day, year) Mar. 23, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ezra DuPraw
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Saginaw (City or town) Michaigan (State or foreign country)
14. Exact Occupation sawmill worker
15. Industry or Business lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Rose Cox
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Rossoommon (City or town) Michigan (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Crook } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Dr. (?) (First name) Nelson (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Rose Cox DuPraw Hackett — Signature
Prineville, Oregon — P.O. Address

Subscribed and sworn to before me this 30th day of March, 1942

(SEAL) — Notary Public, residing at Prineville, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 2 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-516-038-467

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339448
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home birth
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 1 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls, Ida.

4. FULL NAME OF CHILD Raymond Francis Laventure

5. Date of Birth of Child (Month, day, year) August 10, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Eugene A. Laventure
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Somerset (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Water master
15. Industry or Business Post Falls Irrigation Dist.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary C. Magg
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Denver (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housework

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Laventure (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Forgotten (First name) Mrs. McFee (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary C. Laventure Signature
RR 1 Box Post Falls Idaho P. O. Address

Subscribed and sworn to before me this 30 day of March, 1942
(SEAL) H. L. Bennett Notary Public, residing at Post Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mark Kelsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-122-028-463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339499
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenia (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 1/6 yrs.

3. RESIDENCE OF FATHER (city, state) Harrison Ida.

4. FULL NAME OF CHILD Harry Francis Schuster

5. Date of Birth of Child (Month, day, year) 8-22-1908

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Andrew Schoster
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Pomeroy (City or town) Wash. (State or foreign country)
14. Exact Occupation General Mdse. Store
15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Ellen Dollash
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Tama Co. (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Garfield } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Dr. Bisby (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Schuster Signature
Pomeroy Wash. P. O. Address

Subscribed and sworn to before me this 28th day of March, 1942
(SEAL) Harry L. Chard Notary Public, residing at Pomeroy Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mabel Kessler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

346-111-040-119

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339503
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Mullan, Idaho

4. FULL NAME OF CHILD Vaino (Wayne) Anselm Luoma

5. Date of Birth of Child (Month, day, year) August 11-1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Victor Andrew Luoma
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Finland (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Sanna Jarvinen
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Finland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1:70

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Maria Luoma (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Dr Rudolfi M.D. Midwife Address Mullan Ida Date April 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Maud E. Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

749-111-014-6R

339517

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ia.

4. FULL NAME OF CHILD Leonard Marian Purcell

5. Date of Birth of Child (Month, day, year) Dec.11,1909

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy normal Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oscar Levah Purcell
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Woodbine (City or town) Iowa (State or foreign country)
14. Exact Occupation Clothes Cleaner
15. Industry or Business Clothes Cleaning

MOTHER OF CHILD

16. FULL MAIDEN NAME Stella Marie Fay
17. Color or Race white **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Santa Clara } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 32 years, and that Dr. Avey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella Marie Purcell Signature
Gen. Del. Mountain View, Calif. P. O. Address

Subscribed and sworn to before me this 16th day of March, 19 42
(SEAL) S. Wat Robinson Notary Public, residing at Mountain View Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mary Fleeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-013-040-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339518
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Shoshone (b) City: Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Shoshone
(c) City: Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Idaho

4. FULL NAME OF CHILD Anna Phillips

5. Date of Birth of Child (Month, day, year) June 13, 1909

6. Sex female 7. Twin or Triplet twins If so—born 1st, 2nd, 3rd 1st. 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rufus William Phillips
11. Color or Race American 12. Age at time of THIS birth 25 yrs.
13. Birthplace Grant City (City or town) Missouri (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Olivan Wallace
17. Color or Race american 18. Age at time of THIS birth 26 yrs.
19. Birthplace Denver (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Missouri
County of Dallas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that ..... (First name) ..... (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace O Phillips Signature
Buffalo, Missouri P. O. Address

Subscribed and sworn to before me this 11 day of March, 1942

(SEAL) M. V. Waples Notary Public, residing at Buffalo, Mo.
Commission Expires 2/20/1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mary L. Taylor, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-101-038-133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339543
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address ~~or R.F.D. No.~~ No Name
(d) Name of Hospital or Maternity Home: Mothers own Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Ten years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address ~~or R.F.D. No.~~ No Name
(e) How long has **MOTHER** lived in Idaho? Ten yrs.

3. RESIDENCE OF FATHER (city, state) Payette Idaho

4. FULL NAME OF CHILD Earl Wendell Kartens

5. Date of Birth of Child (Month, day, year) 7-1-1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Herman Kartens
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Springfield (City or town) Ohio (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business Bakery Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lella Ruth Allison
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Minden (City or town) Nebraska (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Lela Ruth Allison (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. ~~Midwife~~ Address Payette Idaho Date 3/31/42

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that J. W. Woodward (First name) (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lella Ruth Sharp Signature
133 Pontius ave. Seattle P. O. Address

Subscribed and sworn to before me this [illegible] day of March, 1942
(SEAL) [illegible] Notary Public, residing at Seattle Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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915-06-037-543

339544

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owhyee (b) City Burneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owhyee
(c) City Burneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Alven Randall

5. Date of Birth of Child (Month, day, year) October 6, 1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse Helems Randall
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Farmington (City or town) Illinois (State or foreign country)
14. Exact Occupation Millwright
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Adline Eutsler
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Stockton, (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Coos } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Mrs. (First name) Finch (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Clara Randall Signature
North Bend Ore 167 9th Monroe ave P.O. Address

Subscribed and sworn to before me this 30 day of March, 1942

(SEAL) Ethel Russell Notary Public, residing at North Bend, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-22X-028354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339546
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Violet May McGregor

5. Date of Birth of Child (Month, day, year) Feb. 24 1919

6. Sex female. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Robert May McGregor
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Berlin (City or town) Wisconsin (State or foreign country)
14. Exact Occupation logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabelle Wedder
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Berlin (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for 33 years, and that Ida Golden (First name) (Last name), who attended this birth so now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabel W. McGregor Signature
604 E. Union St. Seattle Wash. P. O. Address

Subscribed and sworn to before me this 30 day of March, 1942
(SEAL) M. M. Finley Notary Public, residing at Seattle Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mabel Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

986-111-001-912

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339563
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 1406 Grand ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Home
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 1406 Grand ave.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Richard Eugene Rhoads

5. Date of Birth of Child (Month, day, year) April 11 1909

6. Sex Male

7. Twin or ~~Triplet or~~ yes If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Albert Marven Rhoads.
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Whitehall Penna. (City or town) (State or foreign country)
14. Exact Occupation Creamery work
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud May Raby
17. Color or Race white **18.** Age at time of THIS birth 17 yrs.
19. Birthplace West Plains Mo (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20% Argyol.

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Maud May Rhoads (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Fred A. Allenger M.D. ~~Midwife~~ Address Date 9/30/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-102-031-949

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339565
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Mohler
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Residence, Mohler, Idaho
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Lewis
(c) City MOHLER
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) MOHLER, IDAHO

4. FULL NAME OF CHILD HAPPY LYLE SENTER

5. Date of Birth of Child (Month, day, year) June, 22, 1929

6. Sex MALE **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy NINE **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME ROSS WILLIAM SENTER
11. Color or Race WHITE **12.** Age at time of THIS birth yrs.
13. Birthplace PAWNEE (City or town) OKLA. (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business Diversified Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME FLORENCE ETTA RUREY
17. Color or Race WHITE **18.** Age at time of THIS birth yrs.
19. Birthplace Rush City (City or town) MINN. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Two. (b) Born alive and now living Two.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 1 years, and that Henry N. Senter (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Senter Signature
Farmington Wash. P. O. Address

Subscribed and sworn to before me this 28 day of March, 19 42
(SEAL) Claudia Haynes Notary Public, residing at Farmington
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mabel Eddison, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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351-13-006-191

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339603
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City ~~Taylor~~ Shelly
(c) Street Address or R.F.D. No. ~~Taylor~~ Route 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county X years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Taylor
(d) Street Address or R.F.D. No. 1 Shelley
(e) How long has **MOTHER** lived in Idaho? X yrs.

3. RESIDENCE OF FATHER (city, state) Same as above

4. FULL NAME OF CHILD William Cleo Leavitt

5. Date of Birth of Child (Month, day, year) Dec 13, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Roy Leavitt
11. Color or Race White **12.** Age at time of THIS birth X28 yrs.
13. Birthplace Lewiston (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business at home

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha May Crane
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business at home

22. ~~Name~~ prophylactic used to prevent Ophthalmia Neonatorum argyrol 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Bertha M. Leavitt (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. M.D. Midwife Address Shelley, Ida Date 3-11-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1942

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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695-212-035-353

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339622
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nezperce (b) City Mohler
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Mohler
(d) Street Address or R.F.D.No. 20
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Mohler Idaho

3. RESIDENCE of FATHER (city, state) Mohler Idah

4. FULL NAME OF CHILD Ida Helen Fredrickson ~~Puckett~~

5. Date of Birth (Month, day year) May 12-42 09

6. Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Amos Fredrickson
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Algudtsboda Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Dorethea Tetzlaff
17. Color or Race white
18. Age at time of THIS birth 20 yrs
19. Birthplace Kendrich Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 2 1942 (Date received) (b) Mabel Helfer (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura Fredrickson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ida Puckett (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs John Senter (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Laura Fredrickson Signature
Mohler Idaho P. O. Address

Subscribed and sworn to before me on this 28 day of March 19 42

(SEAL) Eugene Sanfe Notary Public, residing at Craigmont

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

713-103-006-395

339633

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Thomas
(c) Street Address or R.F.D. No. R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Seven years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Thomas
(d) Street Address or R.F.D. No. R.F.D.No. 2
(e) How long has **MOTHER** lived in Idaho? Ten yrs.

3. RESIDENCE OF FATHER (city, state) Thomas, Idaho

4. FULL NAME OF CHILD Willard Henry Palmer

5. Date of Birth of Child (Month, day, year) October 3, 1909

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Martin Palmer
11. Color or Race Caucasian
12. Age at time of THIS birth 25 yrs.
13. Birthplace Oxford (City or town) Idaho (State or foreign country)
14. Exact Occupation Well Driller
15. Industry or Business Well Drilling

MOTHER OF CHILD

16. FULL MAIDEN NAME Marion Livingstone
17. Color or Race Caucasian
18. Age at time of THIS birth 23 yrs.
19. Birthplace Randolph (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-seven years of age, that I have known this person for thirty-two years, and that Martha Ellen Palmer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Martin Palmer — Signature
R.F.D.#1 South, Pocatello, Idaho — P. O. Address

Subscribed and sworn to before me this 1st day of April, 19 42.

(SEAL) J. A. McCullen — Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mabel Gilbert, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-214-022-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339661
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Henry Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ranch home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Henry Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Henry Lake, Idaho

4. FULL NAME OF CHILD Edith Elizabeth Whitman

5. Date of Birth of Child (Month, day, year) June 14 1909

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jay Whitman
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Ranchea
15. Industry or Business Rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Young Burnside
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) Beaver Canyon (State or foreign country) Idaho
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Whitman (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs L Oswald ~~M.D.~~ Midwife Address Ennis Date March 20

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mabel Kessler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

645-109-035-993

339669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Olds, William Frederick
5. Date of Birth (Month, day, year) Oct 9-1909
6. Sex M
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 2
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wm. Olds
11. Color or Race W
12. Age at time of THIS birth 39 yrs.
13. Birthplace Iowa
(City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Reab
17. Color or Race W
18. Age at time of THIS birth 19 yrs.
19. Birthplace Yates Center Kansas
(City or Town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Olds (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 2 1942 (Date received) (b) Mary Hesler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's OWN signature John W Kelley M.D. (D.O., Midwife, etc.)
and address Lewiston Date 2-

INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed
AL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child.
orrespondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred within *10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) Was there an operation for delivery? No

State all operations: None

(d) Did baby have any:

(1) Congenital Malformation? None

Describe: —

(2) Birth Injury? None

Describe: —

(3) Was mother given a Wasserman before delivery? No

(4) Signature of Physician: John H. Alley

DELAYED

285-127-025-864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339673
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Idaho (b) City: Whitebird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Idaho
(c) City: Whitebird
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Whitebird

4. FULL NAME OF CHILD Laurence De Witt Shearer

5. Date of Birth of Child (Month, day, year) 11/23/1909

6. Sex: Male **7.** Twin or Triplet: If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy: 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Edgar Shearer
11. Color or Race: White **12.** Age at time of THIS birth: 42 yrs.
13. Birthplace: Iowa (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Young (Clara B.)
17. Color or Race: White **18.** Age at time of THIS birth: 32 yrs.
19. Birthplace: Balsam Lake, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by Grace G. Twogood (First name) (Surname), who is related to this child as Not related to child (Mother, etc.) Lewiston, Idaho

25. Attendant's **OWN** signature: No Physician / Grace G Twogood M.D. Midwife Address 1305 12th Ave. Date 4/2/1942

State of Idaho
County of Nez Perce. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the person who acted as midwife (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace G. Twogood Signature
1305-12th Ave Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of April, 19 42.
(SEAL) G. E. Stookey Notary Public, residing at Lewiston, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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699-125-029-691

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339680
Local Reg. No.
Reg. District No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D.No. 424 W.A. [illegible]
(e) How long has **MOTHER** lived in Idaho? [illegible] yrs.
(f) Mother's mailing address 424 W. [illegible]

3. RESIDENCE of FATHER (city, state) [illegible] dead

4. FULL NAME OF CHILD Bertie Orr

5. Date of Birth (Month, day year) Nov. 25, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Clyde Orr
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Sou City (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15 Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Frazier
17. Color or Race white
18. Age at time of THIS birth 23 yrs
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 4 1942 (Date received) Maud [illegible] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edna Sudderth, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Bertie Orr (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. M. Clarke (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edna Sudderth — Signature
424 West A. Moscow, Idaho. — P. O. Address

Subscribed and sworn to before me on this 27 day of March, 1942
(SEAL) E. S. Thompson — Notary Public, residing at Moscow, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

695-115-002-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339688
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Driggs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Driggs
(d) Street Address or R.F.D. No. at time of this birth
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Driggs Idaho

4. FULL NAME OF CHILD Reed Wendell Winger.

5. Date of Birth of Child (Month, day, year) 15 July 1909

6. Sex boy

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Harold David Winger.
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Afton (City or town) City Utah. (State or foreign country)
14. Exact Occupation Real Estate.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lilly Sophia Smith.
17. Color or Race White. **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Afton (City or town) City Utah. (State or foreign country)
20. Exact Occupation House Keeping.
21. Industry or Business

22. Name prophylactic used ~~to prevent Ophthalmia Neonatorum~~ Argyrol.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Nine A.M. on the date and at the place stated above, and that personal particulars were furnished by Lilly Sophia Winger (First name) (Last name) who is related to this child as mother (Mother, etc.) at time of this birth

25. Attendant's ~~OWN signature~~ Dr Keith M.D. ~~Midwife~~ Address Driggs Idaho Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that Dr Keith (First name) — — — — (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lilly Sophia Winger. Signature
2166 Hospital St Salt Lake City Utah Address

Subscribed and sworn to before me this 1 day of April, 19 42
(SEAL) [illegible] Notary Public, residing at Salt Lake City Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-101-028-845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339701
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenia (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1005 Wallace Ave.
(d) Name of Hospital or Maternity Home: None. Borned in home of mother.
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1005 Wallace Av
(e) How long has **MOTHER** lived in Idaho? 5 years
3. RESIDENCE OF FATHER (city, state) CDA., Idaho

4. FULL NAME OF CHILD Ren Oren Profitt
5. Date of Birth of Child (Month, day, year) Sept. 1, 1909
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Elijah Profitt
11. Color or Race White, Amer.
12. Age at time of THIS birth 33 yrs.
13. Birthplace Lexington, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Purser
15. Industry or Business Red Collar Steamboat Line

MOTHER OF CHILD
16. FULL MAIDEN NAME Helen Dotsy Hunter
17. Color or Race White Amer.
18. Age at time of THIS birth 20 yrs.
19. Birthplace Colfax, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argarol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5:AM on the date and at the place stated above, and that personal particulars were furnished by Helen Profitt (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Coeur d'Alene, Ida Date 4/30/42

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr. Patrick J. Scallon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Hunter Profitt Signature
4945 N.E. Garfield - Portland Oregon Address

Subscribed and sworn to before me this 1 day of April, 1942
(SEAL) W B Burlen Notary Public, residing at Portland Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) MY COMMISSION EXPIRES DEC. 2, 1944

Received for filing on APR 6 1942 by Mary E. Baker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-122-035-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339769
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county – years 4 months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD CLEM EMANUEL SHREFFLER

5. Date of Birth of Child (Month, day, year) Feb. 22, 1909

6. Sex Male

7. Twin or Triplet –

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** FERDANAND SHREFFLER
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Chapman City, Kansas (City or town) (State or foreign country)
14. Exact Occupation Deliveryman
15. Industry or Business --

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ELIZABETH MILLER
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Dayton, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Baker } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person ~~for ..... years~~ all his life and that Dr. Ragsdale (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elizabeth Shreffler Signature
1526 Church St., Baker, Oregon P. O. Address

Subscribed and sworn to before me this 4th day of April, 1942

(SEAL) Lee Gantenbein Notary Public, residing at Baker, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mae Reeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-205-018-632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339779
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Clearwater (b) City: Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Clearwater
(c) City: Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? always yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Pearl Elizabeth Harless

5. Date of Birth of Child (Month, day, year) Sept. 5, 1909

6. Sex Girl **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME J A Harless
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Sweetwater (City or town) Tenn (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Christine Olson
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Orofino (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Martha (First name) Olson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna C. Harless Signature
Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of March, 1942
(SEAL) Emma Hoffman County Auditor Notary Public, residing at Orofino, Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 2 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-101-022-315

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339825
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN THIS county 0 years 7 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Mother's yrs. yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Howard Elroy Johnson
5. Date of Birth (Month, day year) Apr. 1, 1909.
6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD
10. FULL NAME William Andrew Johnson
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Grantsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD
16. FULL MAIDEN NAME Nettie Lance
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace American Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 7 1942 (Date received) (b) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gem. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Anetta J. Walchli, being first duly sworn, say that I am related to (Related to (or) acquainted with) Howard Elroy Johnson (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Shupe (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anetta J. Walchli Signature
Horseshoe Bend, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of April 1942
(SEAL) C. H. Heger Notary Public, residing at Emmett, Idaho

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-26-009-669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339828
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Bonner (b) City: Sandpoint
(c) Street Address or R.F.D. No.: 504 S. 4th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Bonner
(c) City: Sandpoint
(d) Street Address or R.F.D. No.: 504 S. 4th
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Bonnaduena, Id.

4. FULL NAME OF CHILD Alfred Safford

5. Date of Birth of Child (Month, day, year) Jan. 26, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Austin Safford
11. Color or Race White
12. Age at time of THIS birth unknown yrs.
13. Birthplace Unknown (City or town), Iowa (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Workman
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Lionsville (City or town), W. Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that Dr. Patterson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William H. Workman Signature
736 2nd St. Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of April, 1942.
(SEAL) Nell R. Trion Notary Public, residing at Sandpoint Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT SANDPOINT

Received for filing on APR 6 1942 by Mabel Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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133-107-022-168

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

339849

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Fremont
City of Ashton
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD James Rule Atkley

3. Sex Male | (If plural births) 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Nov 7, 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Atkley	18. Full maiden name Laura Johnston
10. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho
11. Color or race White 12. Age at last birthday 38 (years)	20. Color or race White 21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or country) Iowa	22. Birthplace (city or place) (State or country) Malad Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. L. Langer, M. D.

or ..... Midwife

Address Ashton Idaho

Give name added from a supplemental report .....
(Date of)

Filed APR 6 1942, 193.

Mabel Fuller
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
NOTE: In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

APR 8 1942

DELAYED

249-21-201-753

339862

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339862
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: Rural, no number
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: Rural
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Ella Ann Smith

5. Date of Birth of Child (Month, day, year): Sept. 11, 1909

6. Sex: girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME: Nathan Seward Smith
11. Color or Race: White
12. Age at time of THIS birth: 35 yrs.
13. Birthplace: Davenport (City or town), Nebraska (State or foreign country)
14. Exact Occupation: Teacher.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Ella Ann Peck
17. Color or Race: White
18. Age at time of THIS birth: 24 yrs.
19. Birthplace: Crichton (City or town), Idaho (State or foreign country)
20. Exact Occupation: stone wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that this unknown person (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

N. S. Smith
Signature

Nampa Idaho RR2
P. O. Address

Subscribed and sworn to before me this 7th day of April, 1942

(SEAL) Edson Weal
Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mary F. Taylor, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-104-014-291

359878

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339878
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 503-14th ave so
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 503-14th ave so
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John H. Bradley

5. Date of Birth of Child (Month, day, year) Sept 4th 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Henry Ellis Bradley
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Hamilton (City or town) Iowa (State or foreign country)
14. Exact Occupation Manufacturer
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Ellin Gilbert Bradley
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace North Manchaster (City or town) Indania (State or foreign country)
20. Exact Occupation Housse Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 32 years, and that H. P. (First name) Ross (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Ellen Gilbert Bradley Signature
808-12 Ave So Nampa Idaho P. O. Address

Subscribed and sworn to before me this 25th day of March, 1942.
(SEAL) Maud Henry Notary Public, residing at Nampa Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Canyon } ss.

Certificate No. 339878

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for X (Name on Original Certificate) who was born (Was Born or Died) on Sept 5 - 1909 (Date of Event)
in Nampa Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	Sept 4, 1909	Sept 5, 1909

Subscribed and sworn to before me this 28
day of September, 1942
Maud Henry
Notary Public, residing at Nampa Idaho
My commission expires Sept 19 - 1944
(Seal)

[redacted] Rose E. Bradley mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

14-109-014-242

339880

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339880
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. home of Dr. Avey
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Eagle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? six yrs.

3. RESIDENCE OF FATHER (city, state) Eagle, Idaho

4. FULL NAME OF CHILD Charles Wingfield Judson

5. Date of Birth of Child (Month, day, year) 9-9-09

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Franklin Judson
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Desarc, Ark. (City or town) (State or foreign country)
14. Exact Occupation store keeper
15. Industry or Business Judson & Lane Merchantile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Etoile Bushnell
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Buffalo, Minn. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Dr. O. H. Avey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary E. Judson — Signature
134 N. Hobart blvd. Los Angeles — P. O. Address

Subscribed and sworn to before me this ~~sixth~~ 8th day of April, 1942

(SEAL) Horace R. Major — Notary Public, residing at Los Angeles

My Commission Expires March 2, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by Mabel E. Geder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-102-044-815

APR 13 1942

339901

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339901
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harold Ellis Hartley

5. Date of Birth of Child (Month, day, year) Oct. 2, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ellis Hartley
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Falk Store (City or town) Idaho (State or foreign country)
14. Exact Occupation stock farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Ellen Hanson
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Council (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for all his life years, and that Dr. M. M. Brown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellis Hartley — Signature

P. O. Address

Subscribed and sworn to before me this 11th day of April, 1942

(SEAL) W. R. McClure — Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-122-210-743 APR 13 1942 339906

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339906
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home None days.
In **THIS** county / years / months / days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? one yrs.
(f) Mother's mailing address (For registration notice):
Now - 511 - No. 17th (Street or R. F. D.) Boise, Idaho (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harlon William Nelson

5. Date of Birth (Month, day, year) Dec 22, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Peter Nelson
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Audobon (City or Town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leila Pickrell
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Atlantic (City or Town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Female (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Leila Pickrell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) APR 13 1942 (Date received) (b) Mary F Elder (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's **OWN signature** Guy Linscott M.D. (D.O., Midwife, etc.)
and address 1013 1/2 S. Los Angeles Ave. Los Angeles Cal. Date April 9 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

493-111-025-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339929
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Idaho (b) City: Winona
(c) Street Address or R.F.D. No.: none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Idaho
(c) City: Winona
(d) Street Address or R.F.D. No.: none
(e) How long has **MOTHER** lived in Idaho? Eight yrs.

3. RESIDENCE OF FATHER (city, state) Winona, Idaho

4. FULL NAME OF CHILD Lloyd Thomas Mitchell

5. Date of Birth of Child (Month, day, year) Feb. 11, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Jaila Mitchell
11. Color or Race: White
12. Age at time of THIS birth: 37 yrs.
13. Birthplace: Harrison (County) Illinois (City or town) (State or foreign country)
14. Exact Occupation: laborer
15. Industry or Business: labor

MOTHER OF CHILD

16. FULL MAIDEN NAME May Hagen Mitchell
17. Color or Race: White
18. Age at time of THIS birth: 26 yrs.
19. Birthplace: Brownstown, Illinois (City or town) (State or foreign country)
20. Exact Occupation: house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Argyrol

23. Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by Emma Dawn (First name) (Last name), who is related to this child as aunt (Mother, etc.)

25. Attendant's **OWN** signature Emma Dawn M.D. Midwife Address Grandview Date April 6 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-117-028-247

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339932
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Harrison, Ida.

4. FULL NAME OF CHILD George Emil Sala

5. Date of Birth of Child (Month, day, year) May 17, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Luoie Sala
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Borca (City or town) Italy (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Sughetti
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Villa D' Chinvenna (City or town), Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for ..... years, and that John (First name) Busby (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Sala Signature
Harrison, Idaho P. O. Address

Subscribed and sworn to before me this 31 day of March, 19 42.
(SEAL) M. A. Kriger Notary Public, residing at Harrison,
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-116-037445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339933
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Hot Spring
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Grandmothers Home
(e) Mother's stay BEFORE delivery: IN THIS county 27 years 6 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Hot Spring
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Joplin Mo

4. FULL NAME OF CHILD John Franklin Lewis

5. Date of Birth of Child (Month, day, year) Feb. 16. 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Franklin Lewis
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Joplin (City or town) Mo (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Elizabeth Durham
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Lowell (City or town) Arkansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child, ~~three~~ two (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at Hot Spring on the date and at the place stated above, and that personal particulars were furnished by Sarah Jane Durham (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's OWN signature X Adeline Johnston M.D. Midwife Address Castleford Date March 9/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Mark Erlger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code~~ Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-201-014-995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339999
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Willow Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state): Payette, Id

4. FULL NAME OF CHILD VIRGINIA BEE HODGE
5. Date of Birth (Month, day, year) July 1, 1909
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME BEN HODGE
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Independence, Virginia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MINNIE RINGER
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Snt. Joseph, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silloid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Ringer (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) APR 8 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., etc.)
and address Payette Idaho Date 3/29/42

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when ~~the attendant at birth is~~ NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-115-032-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340127

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LINCOLN ABRAHAM-LOCKWOOD			2. Date of Birth (month) JUNE (day) 15 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: KAMIAH, IDAHO	b. City or Town of Birth: KAMIAH, IDAHO
FATHER	6. Full Name of Father: LINCOLN LOCKWOOD			7. State or Country of Father's Birth: RANDOLPH COUNTY-MO.
MOTHER	8. Full Maiden Name of Mother: AMY AUGUSTA ROBERTS			9. State or Country of Mother's Birth: HARRISBURG, PA.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lincoln Abraham Lockwood	11. Present Address of Registrant: 3245 Sharon ave Anderson Cal.
NOTARY (Seal)	Subscribed and sworn to before me on August 4 1972		12. Signature of Notary: Patricia A. Boatman	13. Notary Commission expires May 9 1973

OFFICIAL SEAL PATRICIA A. BOATMAN NOTARY PUBLIC-CALIFORNIA SHASTA COUNTY My Commission Expires May 9, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of own child's birth certificate	State of Washington	Feb.14,1950	child born June 28,1938
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 29 / Kamiah, Idaho	---	---	
SUPPORTING RECORD 2.	photocopy of employment record	Shasta Plywood, Inc., Redding CA	----	Oct.11,1948
	June 15,1909 / Kamiah, Idaho	---	---	
SUPPORTING RECORD 3.	photocopy of application for social security #533-14-9906	Social Security Adm.	---	Nov.27,1939
	June 15,1909 / Kamiah, Idaho ~~Idaho County~~	Amy Roberts	Lincoln Lockwood	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Sept. 5, 1972

FORM BH 56067

Lockwood

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340127
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Woodland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity ~~Home~~: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LINCOLN ADARHAM LOCKWOOD

5. Date of Birth of Child (Month, day, year) June 15 1908

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd 7th

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lincoln Lockwood
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Arkansas (City or town) Randall Co. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy Augusta Roberts
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) Penn. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 26 years of age, that I have known this person for 32 years, and that Mrs. Root (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amy Augusta Lockwood Signature
Kamiah Ida P. O. Address

Subscribed and sworn to before me this 4 day of March, 1942.
(SEAL) J. C. Holt Notary Public, residing at Kamiah Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by Mabel H. Helfers, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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468128 037-275

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340169
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City De Lamar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City De Lamar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) De Lamar, Ida.

4. FULL NAME OF CHILD Louis Andrew Gerhard Mohr

5. Date of Birth of Child (Month, day, year) Dec. 28, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Mohr
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Ballarat (City or town), Australia (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth ~~Mohr~~ Specht
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Gobel (City or town), Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Solano } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that Doctor Farrer (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Mohr Signature
VACAVILLE, CALIF. P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942.
(SEAL) Notary Public, residing at VACAVILLE, CALIF.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by Mabel Kelsey, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 25 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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BOTH DELAYED

dup of 1909-315455

214-210-030-234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340194**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Sandy Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Sandy Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Sandy Creek Ida

4. FULL NAME OF CHILD Edith Margart Bauman

5. Date of Birth of Child (Month, day, year) 6-10-1909

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Jacob Bauman
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Manaing (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Celia Brumer
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Bern (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business general dutiies

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol

23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 32 years, and that Mrs Harry Hover (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John J. Bauman Signature
May, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942
(SEAL) Vina Thompson Notary Public, residing at May, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295-114 004-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340229
Local Reg. No.
Reg. Dist. No. 552

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Delivered at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Ida

4. FULL NAME OF CHILD Duncan Lowrie King

5. Date of Birth of Child (Month, day, year) June 14, 1909 (June 14, 1909)

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry H. King
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Nicholson, Pennsylvania. (City or town) (State or foreign country)
14. Exact Occupation Physician (M.D.)
15. Industry or Business Physician & Surgeon

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anne H. Lowrie
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Topeka, Kansas. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7.45 A.M. on the date and at the place stated above, and that personal particulars were furnished by Anne King (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Montpelier, Idaho Date Apr 4, 1942

State of [illegible] } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[signature] Signature
Montpelier Ida. P. O. Address

Subscribed and sworn to before me this 4th day of April, 1942

(SEAL) [signature] Notary Public, residing at Paris

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795-208-027-493

340243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Verla May Greenig

5. Date of Birth of Child (Month, day, year) March 8, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Daniel Thomas Greenig
11. Color or Race White **12.** Age at time of THIS birth 52 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Book-keeper
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Amelia Mitchell
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace SALT LAKE (City or town) UTAH (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mabel (First name) Greenig (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 33 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William L. Mitchell
William L. Mitchell Signature
3867 Huron Street P. O. Address

Subscribed and sworn to before me this 24 day of March, 1942.
(SEAL) Hugh Tamin Notary Public, residing at Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 APR 10 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-209 008-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340244
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Lardo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Stayed at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years / months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Lardo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19½ yrs.

3. RESIDENCE OF FATHER (city, state) Lardo, Idaho

4. FULL NAME OF CHILD Elsie Josephine Long

5. Date of Birth of Child (Month, day, year) Jluy 9, 1909

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 8½ mos. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Dora A. Long
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Irbana, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Iva Maud Shaw
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Roseberry, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Coos } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for life years, and that Mary Ritter (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY NOTARIAL COMMISSION EXPIRES May 7, 1943

✓ Iva M. Long Signature
Bullards, Oregon P. O. Address

Subscribed and sworn to before me this 3rd day of April, 1942

(SEAL) John Nielsen Notary Public, residing at Bandon, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by Mary Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-716-039-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340252
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Arbon
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Arbon
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Earl Eymon Davis

5. Date of Birth of Child (Month, day, year) April 16, 1909

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Eymon Leon Davis
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rachel Jones
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Bingham City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Sarah (First name) Roberts (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rachel Jones Davis Signature
Jerome Idaho P. O. Address

Subscribed and sworn to before me this 8 day of April, 1942.
(SEAL) Brian Henry Notary Public, residing at Jerome, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-916, Idaho Code Annotated.)

Received for filing on APR 9 1942 by Maud Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-228010-289

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340264
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Swan Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Swan Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD ARBA MARIE FISHER

5. Date of Birth (Month, day year) Sept. 28, 1909

6. Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME ISAIAH MARTIN FISHER
11. Color or Race W. **12.** Age at time of THIS birth 36 yrs.
13. Birthplace North Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME SUSAN ELIZABETH BYINGTON
17. Color or Race W **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Red Rock, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4
(c) Born alive and now dead 5 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 8 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, SUSAN B. FISHER, being first duly sworn, say that I am related to (Related to (or) acquainted with) ARBA MARIE FISHER (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lucinda Fisher (Name of attendant at birth), who attended said birth now deceased. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Susan B Fisher Signature
R. 1, Rigby, Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of April, 1942
(SEAL) G. E. Dennis Notary Public, residing at Idaho Falls, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795-224000-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340278
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County (b) City
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Harriet Augusta Presler
5. Date of Birth (Month, day, year) Nov. 24, 1909
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dean Stanley Presler
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Tiffin (City or town) Ohio (State or foreign country)
14. Exact Occupation Telagraph Operator
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Florence Kirchner
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Beaver Falls, Penna. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 10 1942 (Date received) (b) Mina Weiler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Ohio
County of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. LILLIAN F. PRESLER, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) HARRIET AUGUSTA PRESLER (Name of person on certificate above) as THE MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Lillian F. Presler Name
232 W. Euclid Ave Springfield Ohio P. O. Address

Subscribed and sworn to before me on this 8th day of April 1942

(SEAL) Russell [illegible] Notary Public, residing at Spfld Ohio

NOTARY PUBLIC, OHIO
Commission Expires 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certificate filing requires an advance payment of fifty cents, money order or coin.

APR 14 1942

DELAYED

PLACE BIRTH

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-118-002 APR 14 1942 340283

United States 619 (Be sure the information is as of date of birth of THIS child) State File No. 340283
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state) Council, Idaho

4. FULL NAME OF CHILD Harry David Camp

5. Date of Birth of Child (Month, day, year) January 18, 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Camp
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Cherryvale (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Delight Warner
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Adams }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 33 years, and that Amy (First name) Smith (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Delight Warner Camp Signature
Council Idaho P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942
(SEAL) H. A. Carr Notary Public, residing at Council Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mary E Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-113-016-313 340319

APR 16 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340319
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Cassia (b) City: Burley
(c) ~~Street Address or~~ R.F.D. No.: Route 2
(d) Name of Hospital or Maternity Home: At home on ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Burley
(d) ~~Street Address or~~ R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? ... yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Vern Talman Thompson

5. Date of Birth of Child (Month, day, year): June 13, 1909

6. Sex: Male **7.** Twin or Triplet: If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy: 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Ira Charles Thompson
11. Color or Race: White **12.** Age at time of THIS birth: 23 yrs.
13. Birthplace: Plymouth (City or town), Worth Co. Iowa (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business: "

MOTHER OF CHILD

16. FULL MAIDEN NAME: Sarah Elizabeth Talman
17. Color or Race: White **18.** Age at time of THIS birth: 23 yrs.
19. Birthplace: Norway (City or town), Benton Co. Iowa (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business: House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Carbolic acid

23. Number of children of this mother: (a) At time of born and including this child: 2 (b) Born alive and now living: Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at Buhl, Idaho M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Elizabeth Thompson (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature: Clara B. Talman M.D. Midwife Address: 1007 N. 15th St. Date: April 16, 1942

State of Idaho, County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Dr. Clouchek (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara B. Talman — Signature
P. O. Address

Subscribed and sworn to before me this 16 day of April, 1942.
(SEAL) W. B. Fry — Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

717-221-031-794

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340337
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Vollmer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Vollmer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Vollmer Idaho

4. FULL NAME OF CHILD Dorthy Holm Page

5. Date of Birth of Child (Month, day, year) 9-21-1909

6. Sex Female **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd First **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Jenner Page
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Oakland (City or town) Oregon (State or foreign country)
14. Exact Occupation Manager
15. Industry or Business Light & Power

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Aileen Grubbe
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Oakland (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by Bessie Aileen Page (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edith Holm. ~~M.D.~~ Midwife Address Moscow, Idaho Date 4/8/42

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel Hilsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

717-72/031-794

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340338
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Lewis (b) City: Vollmer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Lewis
(c) City: Vollmer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Vollmer Idaho

4. FULL NAME OF CHILD Donald Hawkins Page

5. Date of Birth of Child (Month, day, year) 9-21-1909

6. Sex Male **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd Third **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Jenner Page
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Oakland (City or town) Oregon (State or foreign country)
14. Exact Occupation Manager
15. Industry or Business Light & Power

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie aileen Grubbe
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Oakland (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:15 P.M. on the date and at the place stated above, and that personal particulars were furnished by Bessie Ailene Page (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Edith Holm, Midwife Address Moscow, Idaho Date 4/8/42

State of ... } ss.
County of ... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340341**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Robert Saunders

5. Date of Birth of Child (Month, day, year) 3-28-1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Marion George Saunders
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Covington (City or town) Virginia (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Bell Baker
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Glendale (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Calif. County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 33 years, and that Doctor (First name) (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maurice A. Meyer Signature
621 - 46th St Oakland Calif. Address

Subscribed and sworn to before me this 11th day of April, 1942
(SEAL) Notary Public, residing at San Leandro, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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340350

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Bridge & Oak Sts.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Bridge & Oak
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD Kathryn Lenore Snodgrass

5. Date of Birth of Child (Month, day, year) Oct. 25, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Howard B. Snodgrass
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Buchanan Township, Page Co. Iowa (City or town) (State or foreign country)
14. Exact Occupation Railway Postal Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith M. Howell
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Contra Costa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. Jacobs (First name) (Last name), who attended this birth whereabouts unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Edith M. Snodgrass Signature
644-31st Street, Richmond, Calif. P. O. Address

Subscribed and sworn to before me this 8th day of April, 19 42
(SEAL) Homer L. Patterson Notary Public, residing at Richmond, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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340378

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick Ida

4. FULL NAME OF CHILD Wayne A Randall

5. Date of Birth of Child (Month, day, year) Nov 8 1909

6. Sex M 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Vaneurie A Randall
11. Color or Race white 12. Age at time of THIS birth 48 yrs.
13. Birthplace Walton (City or town) Iowa (State or foreign country)
14. Exact Occupation Blacksmith +
15. Industry or Business mechanic

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fanny Bowen Randall
17. Color or Race white 18. Age at time of THIS birth 38 yrs.
19. Birthplace Sioux City (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 72 years of age, that I have known this person for 33 years, and that Dr Rothwell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Fanny Randall Signature
914 1st. Clarkston P. O. Address

Subscribed and sworn to before me this 26 day of May, 1942
(SEAL) Burt C Haley Notary Public, residing at Clarkston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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749-221-025-469

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340379
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD Verna Isadean Purtteman

5. Date of Birth of Child (Month, day, year) Aug 21-1909

6. Sex Girl **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leon Heubert Purtteman
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Waterville (City or town) Kansas (State or foreign country)
14. Exact Occupation U S Postal Service
15. Industry or Business Ass't Postmaster.

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Maude Morgan
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Albion (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Okanogan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Dr. Campbell (First name) (Last name), who attended this birth (Is now deceased) ~~on (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha M Purtteman Signature
P. O. Address

Subscribed and sworn to before me this 4th day of April, 1947.
(SEAL) D. McKenzie Notary Public, residing at Okanogan.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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469-12 004-432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340431
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Bear Lake (b) City: Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ///
(e) Mother's stay BEFORE delivery: IN THIS county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Colorado (b) County: Mesa
(c) City: Palisades
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 mths. yrs.

3. RESIDENCE OF FATHER (city, state) Palisades, Colo.

4. FULL NAME OF CHILD Lester Earl Morris

5. Date of Birth of Child (Month, day, year) Jany. 21st., 1909,

6. Sex Male

7. Twin or Triplet /// If so—born 1st, 2nd, 3rd ///

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Oliver Levi Morris
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Hershman (City or town) Illinois (State or foreign country)
14. Exact Occupation Candy-maker
15. Industry or Business Candy-shop

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Matilda McKay
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Tecumseh (City or town) Michigan (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Own house

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Malheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that the doctor, whose name I forget (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oliver L. Morris ..... Signature
Vale, Oregon ..... P. O. Address

Subscribed and sworn to before me this 10th. day of April, 19 42
(SEAL) Charles L. Sumner ..... Notary Public, Residing at Vale Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
MY COMMISSION EXPIRES JAN 10 1944

Received for filing on APR 11 1942 by Mary ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-117-001-291

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 340447

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Ada

City of Boise

No. South 10th St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD George Edgar Benton

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Oct. 17, 1909 (Month, Day, Year)

9. Full name — FATHER: Oscar Benton

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

11. Color or race White | 12. Age at last birthday 22 (years)

13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Idaho Power

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

18. Full maiden name — MOTHER: Nina Maude Brasted

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

20. Color or race White | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Wisconsin

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1. (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 2 A.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) Van Nate, M. D.

or ....., Midwife

Address Boise, Ida.

Filed APR 10 1942, 193.... [illegible] Registrar.

CALIFORNIA

STATE OF ~~IDAHO~~

R 10 1942

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Yuba City Calif.
County of Sutter County } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nina Maude Benton being first duly sworn says that She is the mother (Relationship of child)* of George Edgar Benton born 17th Oct 1909 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said George Edgar Benton hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Vern Nole, M. D., was the Midwife medical attendant at the birth of said George Edgar Benton and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Nina Maude Benton
P. O. Address 444 Pasa Ave. Yuba City Calif

Subscribed and sworn to before me this Sixth day of April, 1942

Earl Bloyer
Notary Public.

Residing at Yuba City, CALIFORNIA, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

331-109-014-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340450
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. Hum Del
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 5 days 9

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. Hum Del
(e) How long has **MOTHER** lived in Idaho? 5 mon. 9 days.

3. RESIDENCE OF FATHER (city, state) 6 mon 9 days

4. FULL NAME OF CHILD Charlie Lester Clark

5. Date of Birth of Child (Month, day, year) March 9, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Willis M. Clark
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Genia Illing, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophie Louise Wright
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Yakima, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Sophie (First name) Clark (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Joaquin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 33 years, and that Mrs. A. J. Hosevere (First name) (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sophie L. Wright Clark Signature
801 2509 East Fairview Stockton Calif. P.O. Address

Subscribed and sworn to before me this 9th day of April, 1942.
(SEAL) Leona R. Clancy Notary Public, residing at Stockton, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by Myrl Keefer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-123-028-754

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340487
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Kootenai (b) City: None
(c) Street Address or R.F.D. No.: Route 3
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Kootenai
(c) City: None
(d) Street Address or R.F.D. No.: Route 3
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Kootenai Ida.

4. FULL NAME OF CHILD Carl Otto Peterson

5. Date of Birth of Child (Month, day, year) 7-23-1909

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd 8 **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Albert Peterson
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Vingaker (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Matilda Anderson
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Vingaker (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that Anna Benson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John L. Nelson ..... Signature
Coeur d'Alene, Idaho ..... P. O. Address

Subscribed and sworn to before me this 10th day of January, 1942.

(SEAL) Harold S. Lusby ..... Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 13 1942 by Mark Hilpert, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340542
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Emma Joy Starr

5. Date of Birth of Child (Month, day, year) Nov. 16, 1909

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William O. Starr
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace State of Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Evaline E. Bowman
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace State of Iowa. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum no.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr Verreges (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evaline Starr Kelsey ..... Signature
Lewiston Ida. ..... P. O. Address

Subscribed and sworn to before me this 29 day of Apr. 1942
(SEAL) John R. Phillips Notary Public, residing at Lewiston Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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340578

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nes Perce (b) City Lenore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nes Perce
(c) City Lenore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Lenore, Idaho

4. FULL NAME OF CHILD Donald Adair Abner

5. Date of Birth of Child (Month, day, year) Oct. 26, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Warren Laroy Abner
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Marian, Indiana (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sylvia Elsie Bowler
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Layton, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Dr. Stoneburner (First name) (Last name), who attended this birth no deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sylvia Elsie Abner Signature
Newberg, Oregon. P. O. Address

Subscribed and sworn to before me this 11th day of April, 1942.
(SEAL) Frances Mick Notary Public, residing at Tacoma.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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351-201-007-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340595

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDNA VIOLA LEAPER			2. Date Of Birth (month) (day) (year): OCTOBER - 1 - 1909
	3. Color or Race: White	4. Sex: FE MALE	5. Place of Birth a. County: SOLDIER - IDAHO BLAINE	b. City or Town of Birth: Soldier, Idaho
FATHER	6. Full Name of Father: Robert Leaper			7. State or Country of Father's Birth: Dumfriesshire - Scotland
MOTHER	8. Full Maiden Name of Mother: Amanda Malisa Ferguson			9. State or Country of Mother's Birth: Ripley W.V.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna L. Sargent		11. Present Address of Registrant: 1160 W Victory, Burbank, Cal
NOTARY (Seal)	Subscribed and sworn to before me on: July 24 1957	12. Signature of Notary: [illegible]		13. Notary Commission expires: June 14 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: California #39-065567	Date Issued: 6-24-57	Date Orig. Entry: child born Aug. 27, 1939
	Date of Birth: age 29	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Burbank Ward Bishopric, Burbank Stake, Burbank, Calif.	Date Issued: 12-18-57	Date Orig. Entry: prior to Apr. 10, 1911
	Date of Birth: Oct. 1, 1909	Birth Place: Blaine Co. Soldier, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Jan. 19, 1942
	Date of Birth: Oct. 1, 1909	Birth Place: Blaine Co. Soldier, Idaho	Full Name of Mother: Malissa Ferguson	Name of Father: Robert Leaper
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Nancy Richards	April 23, 1959

K FORM BH 56067

DECEASED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340595
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Soldier, Idaho

4. FULL NAME OF CHILD Edna Viola Leaper

5. Date of Birth of Child (Month, day, year) Oct 1st 1911

6. Sex Female **7.** ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Leaper
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Dumfries (City or town) Scotland (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amanda Malisa Ferguson
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Wheeling (City or town) West Virginia (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 31 years, and that Mrs Martha Adams (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Malisa Leaper — Signature
Castleford, Idaho — P. O. Address

Subscribed and sworn to before me this 9th day of April, 1932.
(SEAL) R. E. Lynne — Notary Public, residing at Buhl, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by Mark Robertson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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613-102-014-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340642
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Norris Audley Wattenbarger

5. Date of Birth of Child (Month, day, year) Mar. 2, 1909

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Wattenbarger
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Athens (City or town) Tennessee (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy Grimes
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Athens (City or town) Tennessee (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for all his life years, and that Dr. Clongy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Wattenbarger Signature
P. O. Address

Subscribed and sworn to before me this 13th day of April, 19 42.
(SEAL) L. Dragsuseu Notary Public, residing at Shelley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mary L. [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

468 105035996

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340661
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Grangeville
(c) Street Address or R.F.D. No. outskirts
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Grangeville
(d) Street Address or R.F.D. No. outskirts
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Idaho

4. FULL NAME OF CHILD Lester Melvin Moyer

5. Date of Birth of Child (Month, day, year) Aug 5-1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo. **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Oscar Edward Moyer
11. Color or Race white **12.** Age at time of THIS birth 50 yrs.
13. Birthplace [redacted] (City or town) Wisconsin (State or foreign country)
14. Exact Occupation fuel business
15. Industry or Business fuel business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Belle Irwin
17. Color or Race white **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Fremont County Iowa (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 33 years, and that Dr. Campbell (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Irwin Belle Carl ..... Signature
Dayton Wash. ..... P. O. Address

Subscribed and sworn to before me this 14th day of April, 1942

(SEAL) Anna A. Carl ..... Notary Public, residing at Pullman

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel Hilton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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231-230040-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340674
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County SHOSHONE (b) City MACE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: **IN THIS** county years 3 months BE days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County SHOSHONE
(c) City MACE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) BURKE, IDAHO

4. FULL NAME OF CHILD MARTHA ELIZETH STALWICK

5. Date of Birth of Child (Month, day, year) Nov. 30 1929

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME WILLIAM JAMES Stalwick
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Berlin (City or town) Germany (State or foreign country)
14. Exact Occupation Shaftman Hecla mine Idaho
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Mable Knight
17. Color or Race white **18.** Age at time of THIS birth yrs.
19. Birthplace PARSONS (City or town) KANSAS (State or foreign country)
20. Exact Occupation TEACHER
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude MABEL KNIGHT STALWICK Signature
Gertrude Knight Stalwick P. O. Address

Subscribed and sworn to before me this 11 day of April, 1942

(SEAL) Mernane Knight Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-220040-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340690
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Dairy ranch
(d) Name of Hospital or Maternity Home: x
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. +
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace, Idaho

4. FULL NAME OF CHILD Constance Belle Bordwell

5. Date of Birth of Child (Month, day, year) May 20, 1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 4th 8. No. months of Pregnacy 9 mo 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Miller Bordwell
11. Color or Race White American 12. Age at time of THIS birth 37 yrs.
13. Birthplace Omaha (City or town) Nebraska (State or foreign country)
14. Exact Occupation Dairyman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Hope Bordwell
17. Color or Race White Canadian 18. Age at time of THIS birth 27 yrs.
19. Birthplace Flamboro (City or town) Ontario (State or foreign country) Canada
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 9 above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr Robert Clancy (First name) (Last name), who attended this birth, last known address Portland Oregon (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet H. Bordwell Signature

P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942

(SEAL) Ruth W. Brown Notary Public, residing at Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mark H. Gelder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-120 009 623

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340723
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No. 16 Milltown
(d) Name of Hospital or Maternity Home: Neither
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sand Point
(d) Street Address or R.F.D. No. 16 Milltown
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Sand Point, Idaho

4. FULL NAME OF CHILD George Albert Hanson

5. Date of Birth of Child (Month, day, year) Feb. 20, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Emil Hanson
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Neenah (City or town) Wisconson (State or foreign country)
14. Exact Occupation Lath Mill-Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Fancy Oschgar
17. Color or Race White **18.** Age at time of THIS birth 14 yrs.
19. Birthplace Mosinell (City or town) Wisconson (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Columbia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that Dr. Patterson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emil Hanson Signature
Box 288 Prescott Ore P. O. Address

Subscribed and sworn to before me this 15th day of April, 1942
(SEAL) Geo. W. Miller Notary Public, residing at Prescott, Oregon
My Comm. Exp. Apr. 20, 1942
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel Hedeline, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295-224038815

340809

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340809
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County PAYETTE (b) City NEW PLYMOUTH
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County
(c) City NEW PLYMOUTH
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD JEANNETTE MATHILDA KINNEY

5. Date of Birth of Child (Month, day, year) FEB. 24, 1909

6. Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME WM KINNEY
11. Color or Race WHITE **12.** Age at time of THIS birth 51 yrs.
13. Birthplace ILLINOIS (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY HANIGAN
17. Color or Race WHITE **18.** Age at time of THIS birth 41 yrs.
19. Birthplace IOWA (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the legal father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 33 years, and that do not remember (First name) name (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Kinney Signature
1219 Delaware St., Berkeley California P. O. Address

Subscribed and sworn to before me this 17 day of April, 1942

(SEAL) Notary Public, residing at Berkeley Calif.
My Commission Expires Nov. 7, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3101 Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mary E Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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962-103 031-693

340818

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340818
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Russel
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in Parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Russel
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Russel, Idaho

4. FULL NAME OF CHILD Dennis O. Robertson

5. Date of Birth of Child (Month, day, year) Sept. 3, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Tom Robertson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Green Bay, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Emaline Williams
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Vanatasburg, (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 32 years, and that none (First name) (Last name), who attended this birth none (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Robertson Signature
Pullman Wash P. O. Address

Subscribed and sworn to before me this 14 day of April, 19 42
(SEAL) L. C. Dennis Notary Public, residing at Pullman, Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Maud F. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249 109 014 APR 23 1942 340827 340827

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. R.F.D. 3 mi. N.E. Emmett
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 7 months 19 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 2 ½ yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD Lawrence Lynn Burton

5. Date of Birth of Child (Month, day, year) May 9, 1909

6. Sex Male

7. ~~Twin or Triplet~~ Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lewis Ford Burton
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace South Haven, Mischigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Ann Slater
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Junction City, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% silver nit.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of ~~Canyon~~ Twin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that Dr. Robert Green (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Ann Burton, Signature
116 N. Johns Ave. Emmett, Idaho Address

Subscribed and sworn to before me this 18th day of April, 1942
(SEAL) ..... Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299 719 028-495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340847
Local Reg. No.
[redacted] No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Santa
(c) City Benewah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Robert Forbes Winslow Briggs

5. Date of Birth of Child (Month, day, year) July 19, 1909

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Forbes Winslow Briggs
11. Color or Race American **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Gardner, Illinois (City or town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business Dentistry

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Pearle Diehl
17. Color or Race American **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Sperry, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for ..... years, and that Dr. John Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Pearle Russell (Briggs) Signature
732 Stewart & Gray Rd., Downey, Calif. Address

Subscribed and sworn to before me this 16th day of April, 19 42

(SEAL) Ruth A. Stall Notary Public, residing at Downey, Calif.
My Commission Expires January 23, 1945.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mark E. Lyons, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

144-108 035-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340859
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Peck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Peck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Peck Idaho

4. FULL NAME OF CHILD Donald Oren Addington

5. Date of Birth of Child (Month, day, year) Sept 8, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 Mo **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Oscar Tilton Addington
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Topeka (City or town) Kansas (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Grocery Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Beva Sarah Crockett
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Ladonia (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Dr. Jones (first name not known) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Beva Sarah Addington Signature
× R1 Box 249 C Colton Cal P. O. Address

Subscribed and sworn to before me this 15th day of April, 1942

(SEAL) My Commission Expires Feb. 24, 1945 Notary Public, residing NOTARY PUBLIC in and for the County of Riverside, State of California

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

765-209 001-418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340861
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Boise
(c) City: Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state): Same

4. FULL NAME OF CHILD: Alberta Louise Roe

5. Date of Birth of Child (Month, day, year): Jan. 9 - 1909

6. Sex: Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy: 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME: Albert Walter Roe
11. Color or Race: White **12.** Age at time of THIS birth: 33 yrs.
13. Birthplace: Grafton (City or town) W Virginia (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Marie Louise Day.
17. Color or Race: White **18.** Age at time of THIS birth: 30 yrs.
19. Birthplace: Pueblo (City or town) Colorado (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 1 P M. on the date and at the place stated above, and that personal particulars were furnished by Marie (First name) Roe (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Mid wife Mrs. Webster (First name) (Last name), who attended this birth, cannot Locate her (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Marie Louise Day Roe Signature
160 Cedar St Long Beach Calif P. O. Address

MY COMMISSION EXPIRES APR. 22, 1944

Subscribed and sworn to before me this 11 day of April, 1942.
(SEAL) Irene McGuarrie. Notary Public, residing at 141 W Compton Blvd

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mary Kiefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367 206 044 367

340874

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years X months X days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Marguerite Eugenia Logan

5. Date of Birth of Child (Month, day, year) Aug. 6, 1909

6. Sex female

7. Twin or Triplet XXXX

If so—born 1st, 2nd, 3rd XXXX

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur W. Logan
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Malhuer County, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Eugenia Logan
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Boise, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ******

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Kitsap } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Dr. G. M. Waterhouse (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Sarah Eugenia Logan Signature

P. O. Address

Subscribed and sworn to before me this fourth day of April, 19 42

(SEAL) Herbert Ross Notary Public, residing at Port Orchard

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mary E. Lehman, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

892 174 018 452

340883

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home of Emil Hibbeln
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Orofino, Idaho

4. FULL NAME OF CHILD Paul John Hibbeln

5. Date of Birth of Child (Month, day, year) December 24, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emil Andrew Hibbeln
11. Color or Race American
12. Age at time of THIS birth 32 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Day Laborer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Silva Clara De Bock
17. Color or Race American
18. Age at time of THIS birth 29 yrs.
19. Birthplace Tooele (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not [redacted]

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now [illegible] years of age, that I have known this person for [illegible] years, and that Dr. James A. Fairlor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Shirley R. Cook Signature

Leslie, Idaho P. O. Address

Subscribed and sworn to before me this [illegible] day of April, 19[illegible].

(SEAL) [illegible] Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mark [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 23 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

[illegible] birth of a child born prior to the effective date of Ch[illegible] 1911 Session Laws, has not been recorded, or in case of [illegible] any birth which has occurred subsequent to such da[illegible] port may be received and filed by the local registrar for [illegible] Bureau of Vital Statistics for the purposes and uses [illegible] Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239 111 042 394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340886
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County TWIN FALLS (b) City KIMBERLY
(c) ~~Street Address or~~ R.F.D. No. One
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County TWIN FALLS
(c) City KIMBERLY
(d) ~~Street Address or~~ R.F.D. No. ONE
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) KIMBERLY, IDAHO

4. FULL NAME OF CHILD HYRUM JEFFERSON STRONG

5. Date of Birth of Child (Month, day, year) 11-11-1909

6. Sex MALE

7. Twin or Triplet NEITHER If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy 9

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** SAMUEL FREDERICK STRONG
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace WARM CREEK, (City or town) UTAH, U.S.A. (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business BUILDING INDUSTRY

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY MYRANDA TIDWELL
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace MOUNT PLEASANT, (City or town) UTAH, U.S.A. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business CARE OF HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that MORGAN, J. R. (DR.) (First name) (Last name), who attended this birth IS DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Myranda Strong Signature
2138 WALNUT, VENICE, CALIF. P. O. Address

Subscribed and sworn to before me this 11th day of April, 19 42
(SEAL) Notary Public, residing at Los Angeles
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires March 22, 1943

Received for filing on APR 16 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316-222-003-396

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340888
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 427 E. Clark St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home X days.
IN **THIS** county 8 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 427 Clark St.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address 427 Clark St.

3. RESIDENCE of FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Arthella Lawson

5. Date of Birth (Month, day year) July 22, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert B. Lawson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Wellsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Celia Crossgrove
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Ft. Bridger Wyo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes.
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Celia Lawson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) APR 16 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Jane Lawson Grandmother ~~M.D.~~ (D.O. Midwife etc.)
and address 1608 Orange Ave Long Beach California Date 4/15/42

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Celia Lawson, being first duly sworn, say that I am related (Related to (or) acquainted with) ARTHELLA LAWSON (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jane Lawson (Name of attendant at birth), who attended said birth signed above (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Celia Lawson Signature
741 Alamitos Ave., Long Beach, Calif P. O. Address

Subscribed and sworn to before me on this 15th day of April 19 42
(SEAL) Elizabeth L. Plant Notary Public, residing at Long Beach,

My Commission Expires June 18, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-20 5044893

* now Adams

340895

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington* (b) City Council
(c) Street Address or R.F.D. No. rural
(d) Name of Hospital or Maternity Home: parents' Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington*
(c) City Council
(d) Street Address or R.F.D. No. rural
(e) How long has **MOTHER** lived in Idaho? 2 mos ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Council, Idaho

4. FULL NAME OF CHILD VIOLA FERN KAMPETER

5. Date of Birth of Child (Month, day, year) Jan 5, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** August Kampeter
11. Color or Race white
12. Age at time of THIS birth 50 yrs.
13. Birthplace unknown (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary W. Hildenbrand
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Staaten (City or town) Germany (State or foreign country)
20. Exact Occupation Home making
21. Industry or Business Home Making

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 33 years, and that Mrs. Ben Shearer (First name) (M.W.) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary W Kampeter — Signature

Council, Idaho — P. O. Address

Subscribed and sworn to before me this 15th day of April, 19 42

(SEAL) [illegible] — Notary Public, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. *

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864 106 022843

Delayed Report -

340923

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 61
Reg. Dist. No. 41 New Jefferson

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Perry
(c) Street Address or R.F.D. No. Rigby, R. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Perry
(d) Street Address or R.F.D. No. Rigby, R. #2
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD HENRY RICHARD YOUNG

5. Date of Birth of Child (Month, day, year) Jan 6, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Henry Young
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Fairfield, Utah. (City or town) (State or foreign country)
14. Exact Occupation Store Clerk.
15. Industry or Business General Mdse.

MOTHER OF CHILD

16. FULL MAIDEN NAME Susie Maud Hulse.
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Bennington, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate [redacted] 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:55 P M. on the date and at the place stated above, and that personal particulars were furnished by Susie Young (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature H. A. Anderson M.D. M.D. Midwife Address Rigby, Idaho Date Apr 8 - 1942

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 8 1942 by Mrs A B Cheesell Mrs A B Cheesell, Registrar.

APR 15 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

118-228-025-281

340932

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 2937
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Harrisburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harrisburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Lena Laura Jay

5. Date of Birth of Child (Month, day, year) 12-28-1909

6. Sex F **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frederick Jay
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary M. Shagley
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Mary Jay (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Eva C. Harris ~~M.D.~~ Midwife Address Kamiah Idaho Date 4/15-'42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel Wheeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340952
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Clark (b) City: Small
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home near Small, Idaho
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Clark
(c) City: near Small, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD THELMA MAURINE HODSON

5. Date of Birth of Child (Month, day, year) Sept. 26, 1909

6. Sex: female
7. Twin or Triplet: single — If so—born 1st, 2nd, 3rd: 1st
8. No. months of Pregnancy: 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Hodson
11. Color or Race: white
12. Age at time of THIS birth: 28 yrs.
13. Birthplace: Utah (City or town) (State or foreign country)
14. Exact Occupation: farming
15. Industry or Business: farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Victoria Wood
17. Color or Race: white
18. Age at time of THIS birth: 21 yrs.
19. Birthplace: Idaho (City or town) (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: one (b) Born alive and now living: one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Victoria Wood Hodson (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature: don't know whereabouts — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for lifetime years, and that Mrs. Tom Robinson (First name) (Last name), who attended this birth, is either deceased or her residence is unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Victoria Wood Hodson — Signature
Route 3, Blackfoot, Idaho — P. O. Address

Subscribed and sworn to before me this 15th day of April, 19 42

(SEAL) [illegible] — Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340988
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Adams (b) City: Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Adams
(c) City: Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Minnie Louise Harrington

5. Date of Birth of Child (Month, day, year): June 11th 1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME: Robert Goddock Harrington
11. Color or Race: White
12. Age at time of THIS birth: yrs.
13. Birthplace: Wyandotte (City or town) Kansas (State or foreign country)
14. Exact Occupation: farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Gillie Montgomery
17. Color or Race: White
18. Age at time of THIS birth: 37 yrs.
19. Birthplace: Mathues Co. Ore (City or town) (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 10 (b) Born alive and now living: 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all her life years, and that Martha A. Montgomery (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Gillie Harrington — Signature
Council, Idaho — P. O. Address

Subscribed and sworn to before me this 11 day of April 19 42
(SEAL) Matilda Moser Clerk District Court, residing at Council, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mark Kessler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Grace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
   (f) Mother's mailing address (For registration notice):
   Grace, Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (City, state) Grace, Idaho

4. **FULL NAME OF CHILD** Cecil Ralph Myers

5. **DATE OF BIRTH** (Month, day, year) Aug. 16, 09

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Almon Oliver Myers
11. Color or Race W
12. Age at time of THIS birth 31 ~~28~~ yrs.
13. Birthplace Tabor, Iowa (City or Town) (State or foreign country)
14. Exact Occupation farmer
15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen M. Spencer
17. Color or Race W
18. Age at time of THIS birth 20 yrs.
19. Birthplace Tabor, Iowa (City or Town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5A M. on the date and at the place stated above, and that personal particulars were furnished by Ellen Myers (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) APR 16 1942 (Date received) Maud E. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Ellis Kackley M.D. (D.O., Midwife, etc.)
Dr. Ellis Kackley
and address Soda Springs Date 4/15/42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

APR 21 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

866 113014 447

341004

341004

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Roswell
(c) Street Address or R.F.D. No. R.F.D. #1.
(d) Name of Hospital or Maternity Home: Family residence
(e) Mother's stay BEFORE delivery: IN THIS county 7 years 6 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Roswell
(d) Street Address or R.F.D. No. R.F.D. #1.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Roswell, Idaho

4. FULL NAME OF CHILD EDGAR JUDSON HOWARD

5. Date of Birth of Child (Month, day, year) Aug. 13, 1909

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Frank Howard
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Chenoa, (City or town) Illinois (State or foreign country)
14. Exact Occupation Producer and Broker
15. Industry or Business Livestock

MOTHER OF CHILD

16. FULL MAIDEN NAME Nannie Ann Umphenour
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Pontiac (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 32 years, and that Dr. Charles (First name) B. Allen (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1931 Session Laws.

Nannie A. Howard Signature
Caldwell Idaho 1704 Blaine St. P. O. Address

Subscribed and sworn to before me this 21st day of April, 1942.
(SEAL) Clyde N. Johnson Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mary F. Eld, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-205 001 415 APR 22 1942 341011

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341011
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Juanita Cornelia Anderson

5. Date of Birth of Child (Month, day, year) 4-5-09

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Madison Anderson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace (City or town) (State or foreign country) Missouri
14. Exact Occupation Vetinary
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Elizabeth Davidson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) (State or foreign country) Missouri
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 33 years, and that Dr H F Neal (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Sanderson Anderson Signature
Meridian Idaho P. O. Address

Subscribed and sworn to before me this 22 day of April, 1942
(SEAL) O M Young Notary Public, residing at Meridian
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Mark F Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 12 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Kooskia, Ida.

4. FULL NAME OF CHILD Robert Owen Rood

5. Date of Birth of Child (Month, day, year) Aug. 25, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Finnie Rood
11. Color or Race W
12. Age at time of THIS birth 41 yrs.
13. Birthplace Binghamton (City or town) - N.Y. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Elizabeth McRae
17. Color or Race W
18. Age at time of THIS birth 40 yrs.
19. Birthplace Middle River (City or town) - Nova Scotia (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

~~23. Number of children of this mother~~: (a) At time of ~~birth and~~ including this child 8 ~~(b) Born alive and now living~~ 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Skagit } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 33 years, and that Mrs Cora Mills (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine Elizabeth Rood Signature
Mount Vernon - Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942.
(SEAL) [illegible] Notary Public, residing at Mount Vernon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264 211 003 696

341077

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 32 N. Harrison
(d) Name of Hospital or Maternity Home:
Born at 32 No. Harrison
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 8 years 10 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 32 N. Harrison
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho.

4. FULL NAME OF CHILD Florence Helen Bourne

5. Date of Birth of Child (Month, day, year) March 11, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Thomas Bourne.
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Farmington (City or town) Utah. (State or foreign country)
14. Exact Occupation Railroad Conductor.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriett Frost.
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Kirby Moorside (City or town), England (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 33 years, and that Dr. O. B. Steely (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriett Frost Bourne — Signature
755 No. Garfield Ave. — P. O. Address

Subscribed and sworn to before me this 17 day of April, 1942.
(SEAL) Blackburn — Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mark H. Hufer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-219029-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341083
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Julietta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Julietta Idaho

4. FULL NAME OF CHILD Pearl Elizabeth Pickens

5. Date of Birth of Child (Month, day, year) April 19, 1909

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alvah M. Pickens
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Buncum County (City or town) No. Carolina (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Victoria McLean
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Buncum Co (City or town) No. Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 33 years, and that Rebecca Foster (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

AL. S. KELLER
Commission Expires Jan. 7, 1946

Fannie Pickens Woody — Signature
4285 Camellia Ave No. Hollywood Calif — P. O. Address

Subscribed and sworn to before me this 16 day of April, 19 42

(SEAL) Al Keller — Notary Public, residing at 11114 Magnolia Blvd No Hollywood Calif

(Note: Perjury is punishable ~~as a felony in Idaho; see~~ Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-131-016816

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341084
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 1 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. R.F.D. 1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD Ronald Brazee Wilson

5. Date of Birth of Child (Month, day, year) August 31, 1909

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Wilson
11. Color or Race white **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Eden (City or town) Utah (State or foreign country)
14. Exact Occupation principal of school
15. Industry or Business teaching

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Rebecca Hawkins
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Benjamin (City or town) Utah (State or foreign country)
20. Exact Occupation teacher of first grade
21. Industry or Business teaching

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Axel F. O. Nielson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Rebecca Hawkins Wilson
Signature
Box 567, Burley, Idaho
P. O. Address

Subscribed and sworn to before me this 18 day of April, 1942.

(SEAL) Jeannette G. Chamberlain Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365 106-014-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341095
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD William Blake Conly

5. Date of Birth of Child (Month, day, year) Sept. 6, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Byron Conly
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Elk Point (City or town) South Dakota (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business Real Estate

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elda Blake
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Hiawatha (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Elda (First name) Blake Conly (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32yrs 7mo. years, and that Dr. O. B. Beller (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elda Blake Conly — Signature
Tacoma, Washington — P. O. Address

Subscribed and sworn to before me this 18th day of April, 1942

(SEAL) Irene O. Strong — Notary Public, residing at Tacoma, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 341100

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. outside city limits St.
Crane Creek Dist
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Auguste Kirkpatrick Fruge'

3. Sex MALE | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature NO Full term YES | 7. Legitimate? YES | 8. Date of birth Dec 5 1909 (Month, Day, Year)

FATHER

9. Full name Auguste Fruge'
10. Residence (usual place of abode) (If non-resident, give place and State) Weiser
11. Color or race White 12. Age at last birthday 30 (years)
13. Birthplace (city or place) Mermentau (State or Country) Louisiana

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. River Boats
16. Date (month and year) last engaged in this work August, 1907
17. Total time (years) spent in this work 10-12

MOTHER

18. Full maiden name Orion Beaumont Kirkpatrick
19. Residence (usual place of abode) (If non-resident, give place and State) Weiser
20. Color or race White 21. Age at last birthday _____ (years)
22. Birthplace (city or place) Odessa (State or Country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19__
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead NONE (c) Stillborn NONE

29. If stillborn, period of gestation _____ months or weeks
30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive in attendance now dead at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Orion B. Fruge', M. D.
or Mother (Mother) Midwife
Address 1485-34th Sacramento

Give name added from a supplemental report _____
(Date of)

Filed _____ 193__ Registrar.

APR 20 1942 Mabel Kelly Registrar.

WHITE PLAINLY WRITTEN ... one child at birth a Separate Return must be made for each and the number of each, in order of birth stated.

[redacted]2

APR 21 1942

DELAYED

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DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of WASHINGTON } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, ORION T. FRUGÉ being first duly sworn says that Auguste is the SON (Relationship of child)* of AUGUSTE FRUGE AND ORION T. FRUGE

born DECEMBER 5, 1909 (Date of birth) at WEISER, Idaho,

whose certificate of birth is hereto attached, and that SHE desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Auguste Kirkpatrick Frugé hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that C. C. CONANT M. D. was the ~~Midwife~~ medical attendant at the birth of said Auguste Kirkpatrick Frugé and that the said medical attendant is CANNOT BE LOCATED (Now deceased (or) cannot be located)

Name of Affiant Orion T. Frugé Mother

P. O. Address 4485 - 34th St Sacramento Calif

Subscribed and sworn to before me this 15th day of April, 1943

D. J. Runneley
Notary Public

Residing at Sacramento California

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 20 1942

235 108 036 356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 341101
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county 9 years 11 months 23 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address (For registration notice):
Malad, Idaho
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Ardemus Lynn Stewart

5. Date of Birth (Month, day, year) Sept. 8, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Months

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Yerkes Stewart
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Abington (City or Town) Pennsylvania (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business Presbyterian Church

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gene Levison
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Viroqua (City or Town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborth) at 1:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Gene Stewart (First name) (Last name), who is related to this child as Mother (Mother, etc.)

APR 20 1942

26. (a) ____ (Date received) (b) Mary Hessler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's Signature)

25. Attendant's **OWN signature** D C Ray M.D. (D.O., Midwife, etc.)
and address Pocatello Date 4-14-1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

[redacted]

APR 2 1 1942

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341137
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Boise (b) City: Boneburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 8 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Boise
(c) City: Boneburg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Co. Idaho

4. FULL NAME OF CHILD Edwin Eric Kako

5. Date of Birth of Child (Month, day, year) Sept. 24, 1909

6. Sex: male **7.** Twin or Triplet: If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy: 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Eric Kako
11. Color or Race: White **12.** Age at time of THIS birth: 35 yrs.
13. Birthplace: Oulu, Finland (City or town) (State or foreign country)
14. Exact Occupation: farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Teina Annopalo
17. Color or Race: White **18.** Age at time of THIS birth: 35 yrs.
19. Birthplace: Oulu, Finland (City or town) (State or foreign country)
20. Exact Occupation: Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 7 (b) Born alive and now living: 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature | M.D. Midwife | Address | Date

State of Ohio
County of Belmont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 32 years, and that Mrs. (First name) WILSON (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Mackey
Signature
95 5th Day St. Conneaut Ohio
Address

Subscribed and sworn to before me this 17th day of April, 1942

(SEAL) Carleton C. Davis Notary Public, residing at Conneaut Ohio

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mary Hedlin, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341160
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 9 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Mica
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Mica Idaho.

4. FULL NAME OF CHILD Johnnie Edward Best

5. Date of Birth of Child (Month, day, year) April 17, 1909

6. Sex Boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Reuben Thomas Best
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Dawning (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Fanny Blanche Whitkenect
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Eagle River (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Reuben T Best Signature
Bayview Idaho P. O. Address

Subscribed and sworn to before me this 15 day of Apr, 1942

(SEAL) James J. Keeley Notary Public, residing at Bayview Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible])
NOTARY PUBLIC FOR THE STATE OF IDAHO
MY COMMISSION EXPIRES DEC 1, 1944

Received for filing on APR 17 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341173
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundry (b) City Copeland
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundry
(c) City Copeland
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD James Delphus Peters

5. Date of Birth of Child (Month, day, year) Feb. 28-1909

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Jennings Peters
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Frankford, Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Miner and farmer
15. Industry or Business above

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Johanna Hoagland
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business above

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 32 years, and that Mrs. Al Goodbuyer (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Gladys Kendrick Signature
RFD1 Newport, Washington P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942
(SEAL) Ben L. Lisenbee Notary Public, residing at Opportunity, Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by Vital Statistics, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341184
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City St Maries
(c) Street Address or R.F.D. No. not numbered
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Saint Maries
(d) Street Address or R.F.D. No. [illegible]
(e) How long has **MOTHER** lived in Idaho? [illegible] yrs.

3. RESIDENCE OF FATHER (city, state) Saint Maries Ida.

4. FULL NAME OF CHILD Mary Naomi Harburton

5. Date of Birth of Child (Month, day, year) Feb. 20, 1909

6. Sex Female **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Wesley Harburton
11. Color or Race white **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Nora Springs (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Callie Jane Rader
17. Color or Race white **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Nora Springs (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Unknown (First name) Kinsolving (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 33 years, and that Unknown (First name) Kinsolving (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Callie Jane Harburton Signature
1921 Cook St Spokane Wn. P. O. Address

Subscribed and sworn to before me this 10 day of April, 1942
(SEAL) Ella B. Creighton Notary Public, residing at Opportunity Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOT 17
DELAYED

dup of 1909-D53-36

235-216 022-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341208
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 mo yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mildred Lucille Stephens

5. Date of Birth of Child (Month, day, year) 9-16-1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Leroy Stephens
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Colorado (City or town) Missouri (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Meat & Grocery.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred Edna Joyce
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Ashton (City or town) S. Dak. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by Mildred (First name) Stephens (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. Midwife Address Ashton Idaho Date 4-17-42

State of Wash
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 22 years of age, that I have known this person for years, and that Dr Margis (First name) (Last name) who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge; and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mildred E Stephens Signature
6555 Fauntleroy Ave Seattle P. O. Address

Subscribed and sworn to before me this 25 day of March, 1942
(SEAL) R. L. Taylor Notary Public, residing at Oak Harbor
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 APR 18 1942 by Mabel Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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331-218014-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341220
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Cleveland Blvd.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD Myrtle Lola Clark

5. Date of Birth of Child (Month, day, year) September 18, 1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer Allen Clark
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Herrick (City or town) Nebraska (State or foreign country)
14. Exact Occupation Cashier Bank
15. Industry or Business Banker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leila Vivian Privett
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Stayton (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do Not Know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Dr. (First name) Young (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leila Privett Clark Signature

1075 East 19th Street, Eugene, Oregon P. O. Address

Subscribed and sworn to before me this 17th day of April, 1942

(SEAL) Margaret Hurley Notary Public, residing at ~~Notary Public for Oregon~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Feb. 18, 1946

Received for filing on APR 20 1942 by Mabel Hedges MARGARET HURLEY, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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235-203022-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341232
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Dorothy Grace Stegelmeier

5. Date of Birth of Child (Month, day, year) June 3, 1909

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Albert Otto Stegelmeier
11. Color or Race white **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Braunschweig, Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Margareta Louise Hargens
17. Color or Race white **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Wesselburen, Holstein, Ger. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for ..... years, and that Mrs. May King, midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Otto Stegelmeier Signature
Ashton, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942

(SEAL) Lorna Full Notary Public, residing at Ashton, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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154718-035-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341241
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 848 Main St.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 848 Main Street
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Donald Edgar Anderson

5. Date of Birth of Child (Month, day, year) 4/18/ 1909

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edgar James Anderson
11. Color or Race white Am.
12. Age at time of THIS birth 24 yrs.
13. Birthplace Colfax, Washington (City or town) (State or foreign country)
14. Exact Occupation Telephone Installer
15. Industry or Business Installing Telephones

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte Ann Davis
17. Color or Race White Am.
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lewiston, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. J. B. Morris (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlotte Ann Anderson Signature
345 St. John's Way, Lewiston, Ida. Address

Subscribed and sworn to before me this 16th day of April, 19 42.

(SEAL) Leo McCarty Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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673-115025-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341287
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Idaho (b) City: Cottonwood
(c) Street Address or R.F.D. No.: none
(d) Name of Hospital or Maternity Home: Own home.
(e) Mother's stay **BEFORE** delivery: IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Idaho
(c) City: Cottonwood
(d) Street Address or R.F.D. No.: none
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Hardin, Mont.

4. FULL NAME OF CHILD Ernest Clifford Willoughby

5. Date of Birth of Child (Month, day, year) Nov. 15, 1909

6. Sex male

7. Twin or Triplet n single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robertson Willoughby
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace: Keokuk (City or town) Iowa (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Lillian Hill
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace: Garfield (City or town) Wash. (State or foreign country)
20. Exact Occupation: House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Sol. Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Robertson Willoughby (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Montana
County of Big Horn } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 3½ years, and that Dr. (dont know) (First name) Shinik (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robertson Willoughby ..... Signature
Hardin, Montana ..... P. O. Address

Subscribed and sworn to before me this 4th day of April 19 42

(SEAL) ..... Notary Public, residing at Hardin, Montana

NOTARY PUBLIC for the State of Montana
Residing at Hardin, Montana
My Commission Expires June 6, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mary E. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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356710003-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 341293
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Bannock (b) City: Pocatello
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ——days.
In **THIS** county ——years ——months 30 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Bannock
(c) City: Pocatello Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address: 405 [illegible]
3. **RESIDENCE OF FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD:** Vaughn D. Lewis
5. Date of Birth (Month, day, year): Sept. 10 - 1909
6. Sex: male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** Edmund Lewis
11. Color or Race: White
12. Age at time of THIS birth: 45 yrs.
13. Birthplace: Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation: Rancher
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Edith Frances Crane
17. Color or Race: white
18. Age at time of THIS birth: years
19. Birthplace: Evanston (City or town) Wyoming (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business: " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 1:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) APR 21 1942 (Date received) (b) [illegible] (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs H. E. Reddish, being first duly sworn, say that I am acquainted and was present at birth of Vaughn D. Lewis (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jessen (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Mrs H. E. Reddish Name
1025 So 4th Pocatello Ida P. O. Address

Subscribed and sworn to before me on this 17 day of April 1942.
(SEAL) [illegible] Notary Public, residing at Pocatello Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249-217042 - Duplicate furnished by A. A. Newberry attendant

United States 157 1
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 341297
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Ida (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No. RFD
(e) How long has MOTHER lived in Idaho? ✓ yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Filer Ida

4. FULL NAME OF CHILD Eva Irene Buck

5. DATE OF BIRTH (Month, day, year) July 17-09

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Frank O Buck

11. Color or Race Wh.

12. Age at time of THIS birth 31 yrs.

13. Birthplace Nebraska
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Angel.

17. Color or Race Wh.

18. Age at time of THIS birth 24 yrs.

19. Birthplace Illinois
(City or Town) (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No³ 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Jessie Buck (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) APR 16 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature A. A. Newberry M.D. (D.O., Midwife, etc.)
and address Filer Ida Date 7/17/09

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

249-117 016-291

341306

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Malta Idaho

4. FULL NAME OF CHILD Clifford B. Smith

5. Date of Birth of Child (Month, day, year) Sept. 17, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9mo **9.** Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Joseph A Smith
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Paradise Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Luella Bradley
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Paradise Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Old acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 33 years, and that Th. Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Hannah Barkhead Signature
523 - Main Ave E Twin Falls Id P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942
(SEAL) J A Barry Notary Public, residing at Twin Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434-124-026-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341321
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Annis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Annis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 months

3. RESIDENCE OF FATHER (city, state) Annis, Idaho

4. FULL NAME OF CHILD Calvin Lewis McMurtrey

5. Date of Birth of Child (Month, day, year) Oct. 24, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Henry McMurtrey
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Cowpen (City or town) Alabama (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Johnson
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Monroe (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Rose (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Ann Montgomery Signature
Ririe, Idaho Star Route P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942
(SEAL) Mrs Lemmey Notary Public, residing at Idaho Falls, Id

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-217034-859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341336
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minadoka (b) City Rupert
(c) ~~Street Address or~~ R.F.D. No. 3
(d) Name of Hospital or Maternity Home: at Parents residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minadoka
(c) City Rupert
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? ... yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Adalene Margaret Sims

5. Date of Birth of Child (Month, day, year) Feb. 17, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Sherman Sims.
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Columbus (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Alice Herron
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Hartsville (City or town) Indiana (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Margaret A. Sims (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature Fannie Bardwell ~~M.D.~~ Midwife Address 1846 Rowan Ave. Los Angeles, Cal. Date Mar. 7 1942

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 33 years, and that Fannie Bardwell (First name) (Last name), who attended this birth is living (~~Is now deceased~~) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret A. Sims Signature
Rupert P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...
(SEAL) ... Notary Public, residing at ...
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by ..., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Mail Birth certificate To Byron G. Morris, Bx 803 Loyalton, California

United States 469/125022 (Be sure the information is as of date of birth of THIS child) State File No. 341341
Department of Commerce 652 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census **STATE OF IDAHO** Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lorenzo
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lorenzo
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 2 yrs. ~~yrs.~~
3. RESIDENCE OF FATHER (city, state) Lorenzo-Ida.

4. FULL NAME OF CHILD Byron Gilbert Morris
5. Date of Birth of Child (Month, day, year) Sept. 25-1909
6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD
10. FULL NAME William Edward Morris
11. Color or Race white **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Nebraska City--Nebraska (City or town) (State or foreign country)
14. Exact Occupation Bricklayer & Plasterer
15. Industry or Business Building construction

MOTHER OF CHILD
16. FULL MAIDEN NAME Lillie Leslie West
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Strawberry Point-Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1 cc
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2:00 p M. on the date and at the place stated above, and that personal particulars were furnished by Lillie West Morris (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson M.D. M.D. Midwife Address H. Rigby Idaho Date April 20, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ..... 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-11-029-261

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341345
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 5 1/2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Franklin Barnhill

5. Date of Birth of Child (Month, day, year) Dec. 11, 1909

6. Sex: Male **7.** Twin or Triplet: No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy: 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Roy Lee Barnhill
11. Color or Race: White **12.** Age at time of THIS birth: 23 yrs.
13. Birthplace: Gibbs, Missouri (City or town) (State or foreign country)
14. Exact Occupation: Saw Mill Worker
15. Industry or Business: same

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine E. Swatman
17. Color or Race: White **18.** Age at time of THIS birth: 23 yrs.
19. Birthplace: Plankington, South Dakota (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: same

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 32 years, and that Cecelia Hicks (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harvey Hicks Signature
Box 726 Kellogg, Idaho. P. O. Address

Subscribed and sworn to before me this 16th day of April, 1942.
(SEAL) Thomas R. Jones Notary Public, residing at Wardner, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819 124 018-859

341351

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Fraser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 13 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Fraser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Fraser, Idaho.

4. FULL NAME OF CHILD Philip Theodore Hartman

5. Date of Birth of Child (Month, day, year) Jan 24, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles William Hartman
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Spoch, Baden Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Fredericka Hertel
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Leipzig Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for since birth years, and that Mrs Airby (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lena Hartman Signature
Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942
(SEAL) Notary Public, residing at Nezperce, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mark Wheeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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695 127 036 955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341362
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years Two months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Two Months
3. RESIDENCE OF FATHER (city, state) American Falls Idaho

4. FULL NAME OF CHILD John William Freeman
5. Date of Birth of Child (Month, day, year) Sept. 27 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD
10. **FULL NAME** Orin O. Freeman
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Indianola Iowa (City or town) (State or foreign country)
14. Exact Occupation Retail Lumber Yd. Mgr.
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Dora M Reel
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Reelsville Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that Dr Moth (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Dora M. Freeman Signature
P. O. Address

Subscribed and sworn to before me this 17 day of April, 19 42
(SEAL) J. K. Geatley Notary Public, residing at Hillsboro, Ore.
(Note: Perjury is punishable as a felony in Idaho (see Sec. 17-914, Idaho Code Annotated) My Com. Expires 3-22-46

Received for filing on APR 21 1942 by Mark [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-220-028-914

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342423
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City St. Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City St. Maries
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) St. Maries Ida

4. FULL NAME OF CHILD Norma Lavina Warburton

5. Date of Birth of Child (Month, day, year) Feb. 20-1909

6. Sex Female **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st. **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Wesley Warburton
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Nora Springs (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Callie Jane Rader
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Nora Springs (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 33 years, and that Dr. (Unknown) Kinsalving (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Callie Jane Warburton Signature
N. 921 Ash St., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 16 day of April, 1942
(SEAL) Clarence P. Smith Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mary E. Lefevre, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-131-029-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342440
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Harold Sherer,

5. Date of Birth of Child (Month, day, year) Jan. 31, 1909

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy full

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Guy Sherer
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Coffeen, Illinois (City or town) (State or foreign country)
14. Exact Occupation paper hanger
15. Industry or Business paper hanger

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Gilman,
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Moscow, Idaho, (City or town) (State or foreign country)
20. Exact Occupation house wife,
21. Industry or Business house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon, County of Morrow, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that DR. Thompson, (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Munkers Signature

Ione, Oregon, P. O. Address

Subscribed and sworn to before me this 16th day of April, 1942

(SEAL) Notary Public, residing at Heppner, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Exp. 5-15-43

Received for filing on APR 23 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-106-025-367

342446

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Idaho (b) City: Lucile
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 4 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Idaho
(c) City: Lucile
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Lucile, Idaho

4. FULL NAME OF CHILD Frank Walter Jenkins

5. Date of Birth of Child (Month, day, year) March 6 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME George Harlan Jenkins
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Silverton (City or town) Oregon (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Ella Cox
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Mary View (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by George (First name) Jenkins (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Jessie T Baker M.D. Midwife Address Lucile Date Idaho

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

191-108-045-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342520
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Peck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Peck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Peck, Idaho

4. FULL NAME OF CHILD Albert Grasser

5. Date of Birth of Child (Month, day, year) Jan. 8 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Adam Grasser
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Daisy (City or town) North Dakota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Farrell
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Elm Dale (City or town) Minnesota (State or foreign country)
20. Exact Occupation House keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catharine Grasser Signature
Orofino Ida P. O. Address

Subscribed and sworn to before me this 18th day of April, 1942
(SEAL) J. M. Walker Notary Public, residing at Orofino, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-115-002-285

APR 27 1942

342549

342549

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Adams (b) City: Bear
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Adams
(c) City: Bear
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Bear Idaho

4. FULL NAME OF CHILD Clarence Harner

5. Date of Birth of Child (Month, day, year) Sept. 15, 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Harner
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Hillard (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Daisy Shelton
17. Color or Race white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Hepner (City or town) Oregon (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by Isabel (First name) Shelton (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 32 years, and that Isabel (First name) Shelton (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Pudge Signature
1711 State St Boise P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942
(SEAL) Ira E. High Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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8 Y.R. 127-040-718 342571

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342571
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. The Y
(d) Name of Hospital or Maternity Home:
birth occurred at above residence
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years 1 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. The Y
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace, Ida.

4. FULL NAME OF CHILD Lawrence Davis Hughes

5. Date of Birth of Child (Month, day, year) Jan. 27, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William David Hughes
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Chapman Quarry (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Storekeeper
15. Industry or Business Owner of small retail store

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Elizabeth Gay
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace London (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 1:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as mother (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Siskiyou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Doctor St. Jaan (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs W. D. Hughes Signature
Box 116, Weed, California P. O. Address

Subscribed and sworn to before me this 6 day of April, 19 42
(SEAL) J. P. Bradley Justice of the Peace residing at Weed
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Mavel H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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362-201-003-573

342584

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Bannock (b) City: Lava Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ON RANCH
(e) Mother's stay **BEFORE** delivery: IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Bannock
(c) City: Lava Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Lava Hot Springs Id.

4. FULL NAME OF CHILD EVELEAN COBURN

5. Date of Birth of Child (Month, day, year) Nov. 1 1909

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME FRERRICK A COBURN
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Preston (City or town) Utah (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME EMMA Delilah Epley
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Mink Creek (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as MOTHER (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of FRANKLIN } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 38 years, and that Elmer Cooke (First name) Cox (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Coburn Hansen Signature
Preston Idaho, Star Route P. O. Address

Subscribed and sworn to before me this 18 day of April 1942
(SEAL) [signature] Notary Public, residing at Preston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-130-209-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342608
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannex (b) City Carey Wood
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannex
(c) City Carey Wood
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Carey Wood, Ida.

4. FULL NAME OF CHILD Charles Tate Sverson

5. Date of Birth of Child (Month, day, year) March 20, 1909

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Theodore Rinehart Sverson
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Camby (City or town) Minnesota (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Retta Luster Wallace
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Warren, Ca. (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum ←

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for 33 years, and that Dr. (First name) Wenz (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ted R. Sverson ..... Signature
Medical Lake ..... P. O. Address

Subscribed and sworn to before me this 20 day of April, 1942

(SEAL) A. Klaton ..... Notary Public, residing at Medical Lake

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-103-029-289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342625
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City
(c) Street Address or R.F.D. No. Post Office Viola
(d) Name of Hospital or Maternity Home: At Home of Parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years Two months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Post Office Viola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Bernard Paul Hathaway

5. Date of Birth of Child (Month, day, year) March 3, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Ralph Wilson Hathaway
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace In Country Iowa (City or town) (State or foreign country)
14. Exact Occupation Timber work on Homestead
15. Industry or Business Clearing Land

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie May Shray
17. Color or Race white **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Virginia City Montana (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ~~[illegible]~~ M.D. Midwife Address Date

State of Idaho
County of ~~Nez Perce~~ Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 33 years, and that Bernard Hathaway (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ralph Wilson Hathaway — Signature
Pullman Wn — P. O. Address

Subscribed and sworn to before me this 24 day of April, 1942

(SEAL) Beatrice Thomas Notary Public, residing at Pullman Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Mary E. Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-127-022-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342628
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City ASHTON
(c) Street Address or R.F.D. No. Gen Del
(d) Name of Hospital or Maternity Home: OUTOWN HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Kile James Cook

5. Date of Birth of Child (Month, day, year) 6/27/1909

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd FIRST **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME James Albert Cook
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Tuscumbia (City or town) Ala. (State or foreign country)
14. Exact Occupation Telegraph Operator
15. Industry or Business So. R.R. Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Madeline Stombaugh
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Lima (City or town) Ohio (State or foreign country)
20. Exact Occupation Cigar Maker
21. Industry or Business Dobel Werner Co.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Mrs Bayley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Madeline Cook Signature
243 N 14 St Salem Ore. P. O. Address

Subscribed and sworn to before me this 21 day of April, 19 42
(SEAL) Lee Hoskins Notary Public, residing at Salem, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires 5/10/1943,

Received for filing on APR 22 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

785-204-040-213

342644

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Olive St.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. Olive St.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace, Ida.

4. FULL NAME OF CHILD Elda Geraldine Ghelardi

5. Date of Birth of Child (Month, day, year) Sept. 4, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carlo Ghelardi
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Pisa (City or town) Italy (State or foreign country)
14. Exact Occupation millhand
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clelia Salvadorini
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Pisa (City or town) Italy (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Clelia Ghelardi (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Ellenora Lippa ~~M.D.~~ ~~Midwife~~ Address 610 W. 79th Seattle, Wash. Date April 21, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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994-207-008-789

342663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Horseshoe Bend
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Horseshoe Bend
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Horseshoe Bend Ida

4. FULL NAME OF CHILD Lena Florence Zimmer

5. Date of Birth of Child (Month, day, year) September 7, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl Zimmer
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Dwight (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ewie Gertrude Phillips
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Blackwater (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing but Clean water at that date
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at Horseshoe Bend M. on the date and at the place stated above, and that personal particulars were furnished by Mother 2 hours (Mother, etc.) (First name) (Last name) who is related to this child as.....

25. Attendant's **OWN** signature Alfred Steppen M.D. Midwife Address 554 N.E. Hazelfern Place Portland Ore. Date

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.)....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that .....(First name)..... .....(Last name)....., who attended this birth.....(Is now deceased) or (Cannot be located)..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....
(SEAL) .....Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mabel Kistler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-112-007-462

342670

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At ranch home near Bellevue.
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Arthur Leroy Heckert

5. Date of Birth of Child (Month, day, year) Nov. 12, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Adolph Heckert
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Mayville, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Dobberphul
17. Color or Race white **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Lomira (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the ~~attendant does not sign~~ in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 32 years, and that Dr. E. W. Kleinman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adolph Heckert Signature
Bellevue, Idaho. P. O. Address

Subscribed and sworn to before me this 16th day of February, 19 42.
(SEAL) B. H. Thamm, ~~Notary Public~~, residing at Hailey, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-111-009-463

342677

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 49 years yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint Idaho

4. FULL NAME OF CHILD Alrick Emanual Lindstrom

5. Date of Birth of Child (Month, day, year) May 11, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Lindstrom
11. Color or Race White **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Hedesundi, (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer and logger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Pars Dottor
17. Color or Race White **18.** Age at time of THIS birth 46 yrs.
19. Birthplace Hedesundi, (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Anna Lindstrom (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 32 years, and that [redacted] (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Anna Lindstrom Signature
135 So. 6th Klamath Falls Ore. P. O. Address

Subscribed and sworn to before me this 9th day of April, 1942.
(SEAL) W. Lamar Lawrence Notary Public, residing at Klamath Falls Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-109-044-813

342681

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASHINGTON (b) City LAMBRIDGE
(c) Street Address or R.F.D. No. GEN. DEL.
(d) Name of Hospital or Maternity Home: BORN IN HOME OF PARENTS
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 6 years 11 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City LAMBRIDGE
(d) Street Address or R.F.D. No. GEN. DEL.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) LAMBRIDGE, IDAHO

4. FULL NAME OF CHILD THOMAS LINCOLN ROSS

5. Date of Birth of Child (Month, day, year) 9-9-09

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME THOMAS TUGLAS ROSS
11. Color or Race WHITE **12.** Age at time of THIS birth 41 yrs.
13. Birthplace NEW CANTON, TENNESSEE (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER

MOTHER OF CHILD

16. FULL MAIDEN NAME KATE HALL
17. Color or Race WHITE **18.** Age at time of THIS birth 37 yrs.
19. Birthplace FULTON CO.-ARKANSAS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of GLENN } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 32 years, and that DR. SCHMIDT (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Taglas Ross
Signature
Rt. 1 Box 106 - Orland, Calif.
P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942

(SEAL) William T. Johnson Notary Public, residing at

Note: Perjury is punishable as a felony in Idaho (See Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the State of California

APR 24 1942

Received for filing on ..... by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

544-220-029-819

342700

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Life years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Life yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick Idaho

4. FULL NAME OF CHILD Bertha Jane Emmett

5. Date of Birth of Child (Month, day, year) July 20, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Elite Emmett
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Tiny Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Marie Harrison
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Kendrick Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kendrick Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for all her life years, and that Dr Rathwell (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E Thompson Signature
Helena Montana 408 Rodney P.O. Address

NOTARY PUBLIC for the State of Montana
Residing at Helena, Montana
My commission expires May 3, 1944

Subscribed and sworn to before me this 8th day of April, 1942

(SEAL) Karl Goodenough Notary Public, residing at Helena Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage, to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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469-22-1040-432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342702
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:- ~~[illegible]~~ IN **THIS** county 1 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Kellogg, Idaho.

4. FULL NAME OF CHILD Lucilla Jane Moran

5. Date of Birth of Child (Month, day, year) Mar. 22, 1909

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Tinkham Moran
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Limestone (City or town) New York (State of foreign country)
14. Exact Occupation Assayer
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Estelle Mae McKinney
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Ridgeway (City or town) Pa. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of New York
County of Chautauqua } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Unknown (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Duane M Kellogg at time of this birth — Charles W. Moran ..... Signature
R.F.D. #3 Fredonia N.Y. ..... P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942
(SEAL) Hildegarde L. Bowen ..... Notary Public, residing at Fredonia, N.Y.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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451-221-042-666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342720
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City
(d) Street Address or R.F.D. No. #2
(e) How long has **MOTHER** lived in Idaho? 1 mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida

4. FULL NAME OF CHILD Lucinda Ellen Dean

5. Date of Birth of Child (Month, day, year) 2-21-09

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? X

FATHER OF CHILD

10. FULL NAME Martin Dean
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Grand Island (City or town) Neb (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Maude Wood
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Washington (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martin Dean — Signature
RR #2 Twin Falls, Idaho — P. O. Address

Subscribed and sworn to before me this 22 day of April, 1942

(SEAL) Dorothy H. Boone — Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165-221-025-289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342728
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Canfield
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Canfield
(d) Street Address or R.F.D. No. no
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Canfield, Idaho

4. FULL NAME OF CHILD Anna Genevieve Rosetta Jones

5. Date of Birth of Child (Month, day, year) April 21, 1909

6. Sex female
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd no
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oscar M. Jones
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Athens, (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte Anna Shinn
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Hoopeston, (City or town) Illinois (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Two. (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Dr. Foskett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES [illegible]

Charlotte Anna Jones Signature
210 N.E. Knott St. Portland Ore. P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942.

(SEAL) [illegible] Notary Public, residing at Portland, Oregon

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JULY 16, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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6 89-116-207-239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34273
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (Butte) City Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine (now Butte)
(c) City Moore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Moore, Idaho

4. FULL NAME OF CHILD Harold Floyd Whitney

5. Date of Birth of Child (Month, day, year) Jan. 16, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Willis E. Whitney
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella May Stinson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Joan Beverland (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Willis E. Whitney ..... Signature
Mackay, Idaho ..... P. O. Address

Subscribed and sworn to before me this 20 day of [illegible], 1942.
(SEAL) ..... Notary Public, residing at Mackay, Idaho
My Commission Expires Aug. 1, 1945
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-126-242-352

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342788
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Near Twin Falls
(c) Street Address or R.F.D. No. ----
(d) Name of Hospital or Maternity Home: ----
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Near Twin Falls
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? Five yrs.

3. RESIDENCE OF FATHER (city, state) Nr. Twin Falls, Idaho

4. FULL NAME OF CHILD GEORGE PHILIP L'HEUREUX

5. Date of Birth of Child (Month, day, year) Oct. 26, 1909

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** PIERRE L'HEUREUX
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Nr. Quebec (City or town) Canada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emilli Lesmayous
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace St. Laurent d'Olt, Aveyron, (City or town) (State or foreign country) France
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Emilli (First name) L'Heureux (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Georgiana Tessier M.D. X Midwife Address 709 N 3 st Yakima, Wash. Date April 18, 1942

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by Mabel F. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-101-035-795

342812

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Peck
(c) Street Address or R.F.D. No.
(d) Name of Hospital ~~of Maternity Home~~: at home
(e) Mother's stay ~~BEFORE delivery~~:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Peck
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address (For registration notice): Genesee Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Peck Ida.

4. FULL NAME OF CHILD Clifford Emery Wishard

5. DATE OF BIRTH (Month, day, year) Jan-1-1909

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Chas. Barton Wishard

11. Color or Race W

12. Age at time of THIS birth 31 yrs.

13. Birthplace Lewiston Idaho
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella E. Green

17. Color or Race W

18. Age at time of THIS birth 23 yrs.

19. Birthplace Kansas
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name ~~prophylactic used to prevent~~ Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ella (First name) Wishard (Last name), who is related to this child as mother (Mother, etc.)

26. (a) APR 27 1942 (Date received) (b) Maud Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature J. M. Lyle M.D. (D.O., Midwife, etc.)
and address Lewiston Ida Date 4-21-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

APR 29 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of none

(b) Labor: Complications: none

Induced? no

(c) State all operations for delivery none

(d) Did baby have any:

(1) Congenital Malformation? no

Describe:

(2) Birth Injury? none

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No ✓ Pos..... Neg.....

(e) Signature of Physician: J. M. Lyle

DELAYED

863-101-022-994

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342874
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Salem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Salem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Salem

4. FULL NAME OF CHILD Lorin Rider Holman

5. Date of Birth of Child (Month, day, year) 11-1 1909

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Loader Holman
11. Color or Race American **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Santaquin (City or town) Utah (State or foreign country)
14. Exact Occupation R.F.D. Mail Carrier
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Rider
17. Color or Race English **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Norwich (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont Know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that James R. Shupe (First name) (Last name) who attended this birth Decesed (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Mary R. Holman Signature
Sugar Idaho P. O. Address

Subscribed and sworn to before me this 25 day of April, 1942
(SEAL) [illegible] Notary Public, residing at Sugar Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-126-025-859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342893
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDE (b) City GRANGEVILLE (STATE) IDAHO
(c) Street Address or R.F.D. No. RT #1
(d) Name of Hospital or Maternity Home: RANCH ON CLEARWATER RIVER
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County IDE
(c) City GRANGEVILLE
(d) Street Address or R.F.D. No. RT #1
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) 10

4. FULL NAME OF CHILD HARRY E. PALMER

5. Date of Birth of Child (Month, day, year) Oct 26, 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM P. PALMER
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace MT. PLEASANT (City or town) IOWA (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNE E. HERRFELDT
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace CRETE (City or town) NEBRASKA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Cowlitz } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that ..... (First name) midwife (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Anne E Palmer — Signature
Tymi Apartment # 2, Longview Wash. — P. O. Address

Subscribed and sworn to before me this 22nd day of April, 1942.
(SEAL) A. A. Martin — Notary Public, residing at Longview Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493-215-007-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342895
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Blaine (b) City: Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Blaine
(c) City: Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Carey, Idaho

4. FULL NAME OF CHILD Vida Miriam Dilworth

5. Date of Birth of Child (Month, day, year) April 15, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Gibbons Dilworth
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Provo (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Miriam Pendleton Howard
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Skelmersdale (City or town), England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Miriam P. Dilworth (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Louisa B. Howard ~~M.D.~~ Midwife Address Long Beach, Calif. Date April 3, 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by Mary E. Gelder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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134-103-011-395

342934

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Bonners Ferry Idaho

4. FULL NAME OF CHILD James Andrew Aldrich

5. Date of Birth of Child (Month, day, year) Nov. 3-1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter Edward Aldrich
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Green Island Iowa (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hulda Lenora Livermore
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Ottumwa Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% ag no3
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Mrs. Fanny Martin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hulda Lenora Livermore Aldrich Signature
Bonners Ferry - Idaho P. O. Address

Subscribed and sworn to before me this 25th day of April, 1942
(SEAL) A. B. Baker Notary Public, residing at Bonners Ferry - Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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331-225006-753

342976

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or ~~R.F.D.~~ No. 442 N. Ridge Ave.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or ~~R.F.D.~~ No. 442 N. Ridge Ave.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls - Ida.

4. FULL NAME OF CHILD Mary Elizabeth Clark

5. Date of Birth of Child (Month, day, year) June 25-1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Barzilla Worth Clark
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Hadley (City or town) - Indiana (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Salome Peck
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Lake View (City or town) - Iowa (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, ~~stillborn~~) at 2:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Clark (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Phoebe A. Ferris M.D. ~~Midwife~~ Address Los Angeles Date Apr. 14, 1942.

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by Mark H. Ellis, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-APR 29 1942 206-001-365

342990 342990

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 16th + Hazel
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1½ years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 16th + Hazel
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Evelyn Catherine Renk

5. Date of Birth of Child (Month, day, year) 9-6-09

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Henry J. Renk.
11. Color or Race: White **12.** Age at time of THIS birth: 36 yrs.
13. Birthplace: Bristol (City or town) Wisconsin (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Conrad
17. Color or Race: White **18.** Age at time of THIS birth: 25 yrs.
19. Birthplace: Pinebluff (City or town) Wisconsin (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Laura (First name) Renk (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Glenn E. Shawhan, M.D. ~~Midwife~~ Address Nampa, Idaho Date April 27, 1942

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Maurl F. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

651-206-042-168

342993 **342993**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342993
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 100 Block 3rd Ave S.
(d) Name of ~~Hospital or Maternity Home~~: Pacific Hotel
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years / months / days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. Pacific Hotel
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Bessie Marguerite Weaver

5. Date of Birth of Child (Month, day, year) Dec 6-1909

6. Sex Gil **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Weaver
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Harrisonburg Virginia (City or town) (State or foreign country)
14. Exact Occupation Hotel Proprietor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Isadore Johnson
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Colorado Springs Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8.00 A M. on the date and at the place stated above, and that personal particulars were furnished by Clara I Weaver (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for life years, and that J R Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara I Weaver ..... Signature
Twin Falls ..... P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942

(SEAL) ..... Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on February 21st 1942 by ..... Registrar.

APR 28 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-230-007-961

343002

United States Department of Commerce Bureau of the Census

APR 29 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343002
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Blaine (b) City: Glendale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In my home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Blaine
(c) City: Glendale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Washington

4. FULL NAME OF CHILD Opal Idaho Vanover

5. Date of Birth of Child (Month, day, year) June 30 1909

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Joel Lee Vanover
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Roark
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Green Valley N.C. (State or foreign country)
20. Exact Occupation None
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 31 years, and that Mrs. Mc Coy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Pearl Fenne Signature
P. O. Address

Subscribed and sworn to before me this 29 day of April, 1942
(SEAL) A. A. Birdhead Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mark F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-122-031-343

343012

343012

United States
Department of Commerce
Bureau of the Census

APR 30 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (Fill all items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No. Route #2
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years --- months --- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No. Route #2
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Charles Theodore Brasch

5. Date of Birth of Child (Month, day, year) 3/22/1909

6. Sex male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy term

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederick William Brasch
11. Color or Race W
12. Age at time of THIS birth 37 yrs.
13. Birthplace Oshkosh, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florentina Lucas
17. Color or Race W
18. Age at time of THIS birth 30 yrs.
19. Birthplace Bunn (City or town) Germany (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum -----

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the person having direct knowledge of the birth (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 33 years, and that Martha (First name) Brasch (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence E. H. Johnson Signature

Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of April, 19 42

(SEAL) ..... Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Mark F. Feder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having ~~direct~~ knowledge in the premises.

689-015-001-753 MAY 1 1942 343035

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343035
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. R.F.D. #3
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. R.F.D. #3
(e) How long has **MOTHER** lived in Idaho? Three yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gladys Amelia Whitmore

5. Date of Birth of Child (Month, day, year) Feb. 15 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James Arthur Whitmore
11. Color or Race White
12. Age at time of THIS birth 27 yrs. (27)
13. Birthplace Mechanicstown (City or town), Maryland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Poultryman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Gelwicks
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Emmitsburg (City or town), Maryland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Argyol.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Fred A. Tolman M.D. ~~Midwife~~ Address Boise Id. Date 5/1/42

State of ..... } ss
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 23 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942.

(SEAL) Elbert S. Delano Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Maurl F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-103-025-717

343045

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Near Winona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ROY HUGH ROGERS

5. Date of Birth of Child (Month, day, year) January 3, 1909

6. Sex Mal **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David T. Rogers
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Indian Territory, Oklahoma (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Eleanor Page
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Warsaw, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 33 years, and that Dr. Taylor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David T Rogers
Signature
Sunnyside, Washington, R.F.D. #2
P. O. Address

Subscribed and sworn to before me this 27th day of April, 19 42

(SEAL) Bernice Annis Notary Public, residing at Sunnyside

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

857-225-222-613

343054

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Salem
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Salem
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) Salem Idaho

4. FULL NAME OF CHILD Alice Hegsted

5. Date of Birth of Child (Month, day, year) May 25-1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hans Christian Hegsted
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Huntsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebbecca Mae Walker
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Three Mile Creek (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 45 years, and that Dr. Jas. R. Shupe (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wray W. Hegsted Signature
Rexburg, Idaho, RFD#2 P. O. Address

Subscribed and sworn to before me this 11th day of April, 19 42.
(SEAL) Clerk of District Court residing at Rexburg, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-131-006-449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343093
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert Franklin Duncan

5. Date of Birth of Child (Month, day, year) May 31, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Robert Alphus Duncan
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherine Teresa Murphy
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Philadelphia (City or town) Penn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for lifetime years, and that Marian Crawford (Mrs) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Murphy — Signature
R. F. D. #2, Blackfoot, Idaho — P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942.

(SEAL) Archie A. Kennedy — Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

417-104-029-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343099
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Deary
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Deary
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Deary

4. FULL NAME OF CHILD Albert Samson Magnuson

5. Date of Birth of Child (Month, day, year) Feb. 4 1909

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9Mo **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Martin Magnuson
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Lekumtnet Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Nelson
17. Color or Race Norwegian **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Viroqua Wisconsin (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) P. M. on the date and at the place stated above, and that personal particulars were furnished by Lena Magnuson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Cristina Dahlgren XXX Midwife Address Kendrick, Ida Date 4-23-42

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for all his life years, and that Mrs (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mary Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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571 201 009 453

343137

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Bonners Ferry
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: Birth occurred at home residence
(e) Mother's stay **BEFORE** delivery: IN THIS county 14 years / months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Bonners Ferry
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Bonners Ferry Id.

4. FULL NAME OF CHILD Ann Bernice Egan

5. Date of Birth of Child (Month, day, year) April 1, 1969

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mos **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James William Egan
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Bellaire County Wexford Ireland (City or town) (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business Restaurant

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Alice Delehanty
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Pinkerton Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 33 years, and that Dr. E. E. Fay (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Egan F R
Signature
Bonners Ferry, Ida.
P. O. Address

Subscribed and sworn to before me this 27th day of Aug, 1942

(SEAL) R. Blewett Probate Judge Notary Public, residing at BONNERS FERRY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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213 106 001 356

343147

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Madison
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD CHARLES MINOR BALLINGER

5. Date of Birth of Child (Month, day, year) March 6 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Ballinger
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Douglas Leonard
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Covington, Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ballinger Signature
Box 522, Victorville, Calif. P. O. Address

Subscribed and sworn to before me this 25th day of April, 1942

(SEAL) E. S. Gable Notary Public, residing at Victorville, Calif
My Commission Expires April 10, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mark H. Wilson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-718003-751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343157
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: General Hospital
(e) Mother's stay BEFORE delivery: IN THIS county years months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Sterling
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 1 1/4 yrs.

3. RESIDENCE OF FATHER (city, state) Sterling, Ida.

4. FULL NAME OF CHILD John Douglass Davis

5. Date of Birth of Child (Month, day, year) April 18, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ralph Richard Davis
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Centralia (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Genevieve Pease
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Wilson (City or town) New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Dr. (First name) Wright (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith P. Davis Signature
Sterling, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of April, 19 42.
(SEAL) [signature] Notary Public, residing at Blackfoot, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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713-210028-259

343165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Star R.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Star Route, Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Olive Dorthie Patchen

5. Date of Birth of Child (Month, day, year) 9-10-09

6. Sex F

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Theodore H. Patchen
11. Color or Race white **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Oswego, New York (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Berthold
17. Color or Race white **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Kansas City, Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person ~~xx~~ since birth years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theodore H. Patchen ..... Signature
Theodore H. Patchen
Route #2, Coeur d'Alene, Idaho ..... P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942.

(SEAL) ..... Notary Public, residing at Coeur d'Alene, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mabel Fessler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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235-227 009-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343187
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Bonner (b) City: Sevenmile
(c) Street Address or R.F.D. No.: Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Oregon (b) County: Umatilla
(c) City: Pendleton Oregon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mo. yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lorelle Marie Stewart

5. Date of Birth of Child (Month, day, year) Dec 27, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl Guy Stewart
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace: Pilot Rock (City or town) Oregon (State or foreign country)
14. Exact Occupation: plumber & all other times
15. Industry or Business: Chopping ties 3 mo in Germany

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecil Martha Wilson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace: Grand Island (City or town) Nebraska (State or foreign country)
20. Exact Occupation: housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife: Midwife — Address: Mrs Lincoln Felter — Date: deceased

State of Ore. County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Mrs (First name) Lincoln Felter (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cecile W. Stewart — Signature
1146 E. 25th Street Eugene Ore. — P. O. Address

Subscribed and sworn to before me this 14th day of December, 19 41.
(SEAL) Ruth Roberts — Notary Public, residing at Eugene Oregon
NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JULY 21, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-130-029-696

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 343232
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County: Latah (b) City: Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Birth occurred in family home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years 6 months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State: Idaho (b) County: Latah
(c) City: Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address: Kendrick, Idaho

3. RESIDENCE OF FATHER (city, state): Same

4. FULL NAME OF CHILD: Walter Vance Thomas

5. Date of Birth (Month, day, year): August 30, 1909

6. Sex: Male

7. Twin or Triplet: No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Oscar Martin Thomas
11. Color or Race: White
12. Age at time of THIS birth: 24 yrs.
13. Birthplace: Howell County, Missouri (City or town) (State or foreign country)
14. Exact Occupation: Farm hand
15. Industry or Business: Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME: Flora May Frost
17. Color or Race: White
18. Age at time of THIS birth: 21 years
19. Birthplace: Dayton, Washington (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Unknown
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2 (c) Born alive and now dead: 0 (d) Stillborn: 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 20 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

x Mrs. Flora Thomas, being first duly sworn, say that I am Mother (Related to (or) acquainted with) ~~Lloyd Marshall~~ Walter Vance Thomas (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Mrs. Flora Thomas ..... Name
Snoqualmie Falls Wn. ..... P. O. Address

Subscribed and sworn to before me on this 18 day of April 1942.

(SEAL) J. G. MacRae ..... Notary Public, residing at Snoqualmie

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-111-044-433

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Washington

City of Council

No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

343238

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Athol Lyle Durrell

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term X | 7. Legitimate? Yes | 8. Date of birth Aug. 11, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Ivan Miner Durrell	18. Full maiden name: Ellen Euella McCormick
10. Residence (usual place of abode) (If non-resident, give place and State): Council	19. Residence (usual place of abode) (If non-resident, give place and State): Council
11. Color or race: W | 12. Age at last birthday: 23 (years)	20. Color or race: W | 21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Bashaw, Wis.	22. Birthplace (city or place) (State or Country): Ravillo, S. D.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Printer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Printing	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: _____, 19__ | 17. Total time (years) spent in this work:	25. Date (month and year) last engaged in this work: _____, 19__ | 26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

_____ Registrar.

(Signed) Frank E Brown, M. D.

or _____, Midwife

Address 1695 State St. Salem, Oregon

Filed APR 29 1942, 193__ Mabel Fielder Registrar.

JUL 1 1 1942

DELAYED

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343290

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At my home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City New Plymouth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) New Plymouth Ida.

4. FULL NAME OF CHILD Norman Drysdale Harvey

5. Date of Birth of Child (Month, day, year) March 26 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME John Christian Harvey
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Hillsboro (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Etta Martha Long
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Lamark (City or town) Coal Co (State or foreign country) Illinois
20. Exact Occupation House wife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 3:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Etta Long Harvey (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature W T Drysdale M.D. ~~Midwife~~ Address Wood River Date 4-10-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Etta Martha Harvey Signature
Grand Junction Colo. R.1. P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on APR 30 1942 by Mary E Gelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-21/009 632

343315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Priest River, Idho

4. FULL NAME OF CHILD Homer Mark Brown

5. Date of Birth of Child (Month, day, year) June 11, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Mark Homer Brown
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Eau Claire (City or town) Wisconsin (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amelia Olson
17. Color or Race white **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Rio (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living all

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Midwife now deceased **M.D. Midwife** Address Priest River, Idaho Date

State of Washington
County of Pacific } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 68 years, and that Mrs. Borgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mark Homer Brown Signature
Rt. 1, Long Beach, Washington P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1942
(SEAL) Harry Z Hall Notary Public, residing at Long Beach
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mark H Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-225014-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343321
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN THIS county / years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 years yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edna Lois (Hendren) ~~Jones~~ (maiden name)

5. Date of Birth of Child (Month, day, year) May 25th 1909

6. Sex Female **7.** Twin or Triplet ~~born~~ 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur P. Hendren
11. Color or Race White **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Columbia (City or town) Missouri (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace D. Fitzpatrick
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Bonnell (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Dr Murry M.D. ~~Midwife~~ Address ~~Boise~~ Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr Murry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Elliott Signature
P. O. Address

Subscribed and sworn to before me this 16 day of March, 1942
(SEAL) E. R. Leavitt Notary Public, residing at Weiser Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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454-128
001-795 MAY 4 1942

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: R. 7 D #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: R. 7 D #2
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state): Boise, Ida

4. FULL NAME OF CHILD: Frederick William De Meyer

5. Date of Birth of Child (Month, day, year): April 28, 1939

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Edward De Meyer
11. Color or Race: White
12. Age at time of THIS birth: 41 yrs.
13. Birthplace: Ghent (City or town) Belgium (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Emma Marie Girard
17. Color or Race: White
18. Age at time of THIS birth: 29 yrs.
19. Birthplace: Ghent (City or town) Belgium (State or foreign country)
20. Exact Occupation: Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Alice Dutton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Marie De Meyer — Signature
P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942
(SEAL) Mamie E. Orr — Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Maurel F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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MAY 4 1942

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343370

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE ~~OF IDAHO~~

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: at Home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address (For registration notice): is now dead
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Albion Idaho.

4. FULL NAME OF CHILD James Russell Kinkade

5. DATE OF BIRTH (Month, day, year) July 14 - 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy King

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Forrest Lee Kinkade

11. Color or Race white

12. Age at time of THIS birth 38 yrs.

13. Birthplace Appanoose Co Iowa
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Josephine Young

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Forrest Lee Kinkade (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) MAY 4 1942 (Date received) (b) Mary F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Forrest Lee Kinkade M.D. (D.O., M.D.C.M., D.M.)
and address King Hill Idaho Date 5-4-1942

FATHER — Attendant

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

~~Describe:~~ .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

265-103 039 8.64

343430

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County POWER CO. (b) City AMERICAN FALLS
(c) Street Address or R.F.D. No. –
(d) Name of Hospital or Maternity Home: FAMILY RESIDENCE
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 10 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County POWER
(c) City AMERICAN FALLS
(d) Street Address or R.F.D. No. –
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Williams Donald Sweetwood

5. Date of Birth of Child (Month, day, year) JAN. 3-1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILLIAM C. SWEETWOOD
11. Color or Race WHITE
12. Age at time of THIS birth 59 yrs.
13. Birthplace DANTRE CO. (City or town) — PENNSYLVANIA (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME EMMA-SALOME-YOUNG
17. Color or Race WHITE
18. Age at time of THIS birth 43 yrs.
19. Birthplace DUNCANNON (City or town) — PENNSYLVANIA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. / Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for since birth years, and that Doctor is Dead (First name) (Last name), who attended this birth was DR. Noth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William C Sweetwood — Signature
1622 Montana St Los Angeles, California — P. O. Address

Subscribed and sworn to before me this 29th day of April, 1942

(SEAL) F M Lippincott — Notary Public, residing at Los Angeles California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-229001-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343462
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No. 12th and River
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No. 12th and River
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Elizabeth Godfrey

5. Date of Birth of Child (Month, day, year): Nov. 29, 1909

6. Sex: female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** Joseph Henry Godfrey
11. Color or Race: White
12. Age at time of THIS birth: 29 yrs.
13. Birthplace: Manson (City or town), Iowa (State or foreign country)
14. Exact Occupation: Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Gertrude Frances Kincaid
17. Color or Race: White
18. Age at time of THIS birth: 22 yrs.
19. Birthplace: Kirwin (City or town), Kansas (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for since birth years, and that Dr. Lewis (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Henry Godfrey — Signature
Caldwell, Idaho — P. O. Address

Subscribed and sworn to before me this 30th day of April, 19 42

(SEAL) Emma E. Thompson — Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mabel Geeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

463-108 010-214

343483

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Ammon
(c) Street Address or R.F.D. No. Route #3
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years # months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ammon
(d) Street Address or R.F.D. No. Route #3
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Ammon, Ida.

4. FULL NAME OF CHILD Russell Clinton Molen

5. Date of Birth of Child (Month, day, year) Oct. 8, 1909

6. Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME John Wesley Molen
11. Color or Race white **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Lehi (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Rose Lauer
17. Color or Race white **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Fort Douglas (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 32 years, and that Thomas C. Wilson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Rose Molen, Signature
Idaho Falls, P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942
(SEAL) Otto Eric Carlson Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mark Hedlin, Registrar.

MAY 4 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343484
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Declo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Declo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Declo, Idaho

4. FULL NAME OF CHILD Theone Dennis Christensen

5. Date of Birth of Child (Month, day, year) October 26, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Paul Dennis Christensen
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Brayton, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer & lumberman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evelyn Brown
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Murray, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 32 years, and that Garland Wilkes (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record filed under Chapter 139, 1937 Session Laws.

M. E. Mueller Signature
533 Orleans ave Long Beach Calif. Address

Subscribed and sworn to before me this 1st day of May 1942

(SEAL) Gladys M. Mills Notary Public, residing at Long Beach Calif.
Commission Expires Dec. 21, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mark Hellyer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343499
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Sweetwater
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Sweetwater
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 years
3. RESIDENCE OF FATHER (city, state) Sweetwater Idaho

4. FULL NAME OF CHILD Raymond George Stinger
5. Date of Birth of Child (Month, day, year) July 20 - 1909
6. Sex Male Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 months **9.** Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Michael Stinger
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Ontario (City or town) Canada (State or foreign country)
14. Exact Occupation Owner of Hotel
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Emma Stinger
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Summerville (City or town) Mich. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 P M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) Stinger (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature John H Alley **M.D.** ~~Midwife~~ Address Lewiston Ida Date 4-20-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343507
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County TWIN FALLS (b) City BUHL
(c) Street Address or R.F.D. No. R.F.D No 1
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County TWIN FALLS
(c) City BUHL
(d) Street Address or R.F.D. No. R.F.D #1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) BUHL IDAHO

4. FULL NAME OF CHILD OTTO YAISLI JR.

5. Date of Birth of Child (Month, day, year) MAY. 25-1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES.

FATHER OF CHILD

10. FULL NAME OTTO YAISLI
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace SWITZERLAND (City or town) (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business FARMER (NOW DECEASED)

MOTHER OF CHILD

16. FULL MAIDEN NAME MARIE MUELLER.
17. Color or Race WHITE
18. Age at time of THIS birth 36 yrs.
19. Birthplace SWITZERLAND (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIFE (NOW DECEASED)

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 32 years, and that DR A. F. McLUSKY. (First name) (Last name), who attended this birth NOW DECEASED. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fermina Sandmeyer — Signature
R.F.D. #1 Buhl, Idaho — P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942.
(SEAL) Stanley A. Nelson — Notary Public, residing at Buhl, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by Mary Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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997-229 036-551

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (at that time) (b) City American Falls
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 37 years 7 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City American Falls
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Am. Falls, Idaho

4. FULL NAME OF CHILD Margaret Lila Ripley

5. Date of Birth of Child (Month, day, year) June 29, 1909

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd — 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Benton Ripley
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Half Station (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary J. Evans
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Malad City (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person since birth years, and that Mary (First name) Stewart (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David B Ripley Signature
Paradise, California. P. O. Address

Subscribed and sworn to before me this 24th day of April, 1942.
(SEAL) Elsie B. Hamburger Notary Public, residing at Paradise, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mary H. Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-225029-587

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343527
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. 448 - 8th Street
(d) Name of Hospital or Maternity Home: not in hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No. 448 - 8th Street
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD VICTORIA LEONA LARSON

5. Date of Birth of Child (Month, day, year) FEB. 25 - 1909

6. Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ~~[illegible]~~ LARS LARSON
11. Color or Race white **12.** Age at time of THIS birth 33 yrs.
13. Birthplace AVON (City or town) MINNESOTA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME AMALIA KATHRINA NYGAARD
17. Color or Race white **18.** Age at time of THIS birth 21 yrs.
19. Birthplace STRANDVIK (City or town) NORWAY (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by AMALIA (First name) LARSON (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Mrs Amanda Oman ~~MD~~ Midwife Address Longview Wash 608-17-Ave. Date May 1-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mary E. Lepper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-109 036-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343532
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Malad Idaho

4. FULL NAME OF CHILD John Harold Thomas

5. Date of Birth of Child (Month, day, year) Nov 9-1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Charles Thomas
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Plaster
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margret Ann Bennett
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at Malad M. on the date and at the place stated above, and that personal particulars were furnished by Margret B. Thomas (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Box Elder } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 54 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret B. Thomas Signature
Fremonton Utah P. O. Address

My Comm Exp Oct 5-1945

Subscribed and sworn to before me this 4th day of May, 1942
(SEAL) Thomas Brough Notary Public, residing at Fremonton Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mabel H. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-207029-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343588
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Linden
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Linden
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Linden, Ida

4. FULL NAME OF CHILD Eleanor Marilyn Strahl

5. Date of Birth of Child (Month, day, year) 10-7-09

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Elmer Strahl
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Council Bluff, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Addie Garner
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Near Kendrick, Ida (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 32 years, and that Dr. Rothwell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Addie Rogsdill Signature
411-E. Pacific, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942
(SEAL) Edward J. Kelly Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-209 044-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343612
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Alice Marie Johns

5. Date of Birth of Child (Month, day, year) April 9, 1909

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Edgar Johns
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace New Town (City or town), Pa. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Cora Johnson
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Harrisburg (City or town), Pa. (State or foreign country)
20. Exact Occupation Farm girl
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Nannie (First name) Johnson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Cora Johnson Johns Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May, 19.42
(SEAL) Nora Nelson Notary Public, residing at Weiser, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 343687
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Albert Carl NELSON
5. Date of Birth (Month, day, year) Aug. 31, 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nels Nelson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Mining & Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Erickson
17. Color or Race White
18. Age at time of THIS birth ..... yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 5 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margit Wennersten, being first duly sworn, say that I am related to (Related to (or) acquainted with) Albert Carl Nelson (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth unknown (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Margit Wennersten Signature
Route #1, Nampa, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of May, 1942.
(SEAL) Wm. O. Hall Notary Public, residing at Boise
My Commission Exp. 3/5/46

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343691
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 152 So. 1st Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello, Idaho
(d) Street Address or R.F.D. No. 152 So. 1st av
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ide

4. FULL NAME OF CHILD Frank Lorenzo Hill

5. Date of Birth of Child (Month, day, year) July 19, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 Months **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ren Hill
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Fayette, Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Diversified Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy A. Slack
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Brigham, Utah (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Ag NO3

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11:45 A. M. on the date and at the place stated above and that personal particulars were furnished by Mrs. Daisy A. Hill (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature William F. Howard M.D. Address Pocatello, Idaho Date 3/25/42

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United St
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Bureau of th Census

(Be sure the information is as of date of birth of THIS child)

MAY 11 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) White Bird

4. FULL NAME OF CHILD Mark Vincent Jarrett

5. Date of Birth of Child (Month, day, year) Jan. 24. 1909

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wallace Irven Jarrett
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Grangeville, Idaho (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Lucinda Snell
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace New York City (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Mrs Oscar Sompss (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wallace I Jarrett
Signature
725 8th St Clarkston Wash.
Address

Subscribed and sworn to before me this 7 day of May, 1942

(SEAL) Burt C Halsey Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mabel V. Geeder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

842-112 or 2-114

343738

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343738
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Arco
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Arco
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Arco Ida

4. FULL NAME OF CHILD Edgar William Hedinger

5. Date of Birth of Child (Month, day, year) 12 aug 1909

6. Sex male

7. Twin or Triplet X If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Martin Hedinger
11. Color or Race White **12.** Age at time of THIS birth 20 yrs.
13. Birthplace Rochester (City or town) New York (State or foreign country)
14. Exact Occupation Tailor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna James
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Arco Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes all dead

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 22 years, and that ~~[illegible]~~ (First name) MRS. PORTER (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Cartwright Signature
..... P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942.
(SEAL) Mary Villeneuve Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Maurice F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343739
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Elk City
(c) Street Address or R.F.D. No. 0
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Elk City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 mo ~~yrs.~~

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Matthew Edward Maloney

5. Date of Birth of Child (Month, day, year) Feb 8 1909

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Joseph Maloney
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Goshen (City or town) Indiana (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eunice George
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Liscomb (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that Mrs. Elizabeth Ash (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Eunice Maloney Signature
Dubois, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of May, 19 42.
(SEAL) J. D. Thomas Clerk of District ~~Notary Public, Residing at~~ Court, Clark County, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mary F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City OXFORD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD HAZEN A. HATCH

5. Date of Birth of Child (Month, day, year) July 20, 1909

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME WALTER HATCH
11. Color or Race WHITE **12.** Age at time of THIS birth 41 yrs.
13. Birthplace So Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD Charlotte Alzina Atkinson

16. FULL MAIDEN NAME CHARLOTTE ALZINA ATKINSON
17. Color or Race WHITE **18.** Age at time of THIS birth 36 yrs.
19. Birthplace So Bountiful (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Walter Hatch (First name) (Last name), who is related to this child as Father (Mother, etc.) and my own professional records. 1909 OXFORD-IDAHO

25. Attendant's **OWN** signature Ray N. Fisher M.D. ~~Midwife~~ Address 3588 Fruitvale OAKLAND-CALIF. Date 5/2/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Mabel H. Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493-113-012-298

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343846
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Darlington
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Darlington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Darlington, Idaho

4. FULL NAME OF CHILD Warren Ellsworth Dickson

5. Date of Birth of Child (Month, day, year) 10-13-09

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Henery Dickson
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Bryson
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Woodruff, (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 o'clock A.M. on the date and at the place stated above, and that personal particulars were furnished by William S. Dickson (First name) (Last name), who is related to this child as brother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 32 years, and that Sarah (First name) Handcock (Last name), who attended this birth now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William S. Dickson — Signature
Challis, Idaho — P. O. Address

Subscribed and sworn to before me this 30th day of April, 1942

(SEAL) [illegible] Notary Public, residing at Challis, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

123-108 003793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343855
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or ~~R.F.D. No.~~ 640 Lincoln Ave.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county 3 years 0 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 640 Lincoln Ave.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD John Astle

5. Date of Birth of Child (Month, day, year) July 8, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Astle
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Keokuk (City or town) Iowa (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Oregan Short Line R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Madge Richmond
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Galesburg (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 5:00 A.M. on the date and at the place stated above and that personal particulars were furnished by Madge (First name) Astle (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Montana
County of Deer Lodge } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Dr. H. (First name) Castle (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Madge Richmond Astle Signature
518 East Com'l Ave. Anaconda, Montana P. O. Address

Subscribed and sworn to before me this 4 day of May, 1942
(SEAL) Mary Butler County Clerk and Recorder, Deer Lodge County, Montana
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343873
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 24 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Melville Roy McRoberts

5. Date of Birth of Child (Month, day, year) Oct. 31, 1909

6. Sex Male **7.** Twin or Triplet (If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred Tennyson McRoberts
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Ader
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace — (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Alaska
County of 4th Division } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 32 years, and that Not known (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theodore Roosevelt McRoberts Signature
Juneau, Alaska P. O. Address

Subscribed and sworn to before me this 11th day of April, 1942
(SEAL) ..... Notary Public, residing at Ophir, Alaska
My Commission Expires February 20, 1944
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-114 006 818

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 343876
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. ~~[illegible]~~
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery: at home
In Hospital or Maternity Home ..... Days
In THIS county 3 years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? X yrs.
(f) Mother's mailing address (For registration notice):
Shelley Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD Harry J. Miller

5. DATE OF BIRTH (Month, day, year) 11-14 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Lee Miller

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Farmington Utah
(City or Town) (State or foreign country)

14. Exact Occupation Miller.

15. Industry Business Shelley Merc. Roller Mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Anne Hayden

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Pleasant View Utah
(City or Town) (State or foreign country)

20. Exact Occupation House keeping

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by Annie Miller (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 5 1942 (Date received) (b) Mabel Kelsen (Registrar's signature)

25. Attendant's OWN signature Edwin Cutler M.D. (D.O., Midwife, etc.)

27. Given name added on ..... by ..... (Registrar's signature) and address Shelley Date 5-2-42

Sworn to before me May 4 1942
L. Jensen, Notary Public

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAY 8 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

669/222-001-132

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 6 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343889
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1620 No. 11th st
(d) Name of Hospital or Maternity Home: 1620 No. 11th st
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1620 No. 11th
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Georgia Matilda Worden

5. Date of Birth of Child (Month, day, year) March 22, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Geo. Colin Worden
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Eden (City or town) Utah (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hilda Elmine Ackerman
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Nephi (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate Sol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Hilda Worden (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature John Boeck M.D. Midwife Address Boise Ida Date 5-6-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 6 1942 by M. J. McDonald, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

468-125 026 306

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343926
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby

4. FULL NAME OF CHILD Bert Rowe

5. Date of Birth of Child (Month, day, year) Oct. 25 1929

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JOSEPH MANNING Rowe
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Thompson
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12:58 A.M. on the date and at the place stated above, and that personal particulars were furnished by Fanny (First name) Scott (Last name), who is related to this child as Neighbor (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Neighbor (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 52 years of age, that I have known this person for 32 years, and that Fanny (First name) Scott (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Residing at Rigby, Idaho
My Commission Expires Feb. 2, 1946

Fanny Scott Signature
RFD #2 Rigby Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May, 19 42

(SEAL) Smith Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Residing at Rigby, Idaho
My Commission Expires Feb. 2, 1946

Received for filing on MAY 2 1942 by Mabel Hess, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

297 223 001 345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343930
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. WARM SPGS AVE.
(d) Name of Hospital or Maternity Home: MRS R. ROBBINS REST HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) ~~Street Address or~~ R.F.D. No. ONE
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD EDNA LOUISE SIGGINS

5. Date of Birth of Child (Month, day, year) 10-23-09

6. Sex FEMALE **7.** Twin or Triplet XX If so—born 1st, 2nd, 3rd XX **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME CLINTON C SIGGINS
11. Color or Race WHITE **12.** Age at time of THIS birth 47 yrs.
13. Birthplace CENTRAL CITY (City or town) COLO. (State or foreign country)
14. Exact Occupation SHERIFF
15. Industry or Business ADA CO.

MOTHER OF CHILD

16. FULL MAIDEN NAME NELLIE CUNNINGHAM
17. Color or Race WHITE **18.** Age at time of THIS birth 40 yrs.
19. Birthplace SANDYVILLE (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 32 years, and that MRS (First name) ROBBINS (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Siggins Signature
2421 Washington Blvd Venice California P. O. Address

Subscribed and sworn to before me this 30 day of April, 19 ..... (SEAL)
Notary Public, residing at Venice, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mabel H. Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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229-117039-118

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343932
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. Boyer St.
(d) Name of Hospital or Maternity Home: In the home
(e) Mother's stay **BEFORE** delivery IN THIS county years about months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. Boyer St.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Idaho.

4. FULL NAME OF CHILD Orville Norman Baerwald

5. Date of Birth of Child (Month, day, year) Oct. 17, 1909

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Norman Robert Baerwald
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Wausau (City or town), Wisconsin (State or foreign country)
14. Exact Occupation Lumber Mill worker
15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Ida Marie Jahnke
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Edgar (City or town), Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of **this mother: (a) At time of birth and including this child** 1 **(b) Born alive and now living** 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Dr. Paige (First name) ..... (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Ida Mary Palmer Signature
2-E. 3rd. Spokane Wn. P. O. Address

Subscribed and sworn to before this 2nd day of May, 194-
(SEAL) Ora R. Sherrier Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mark Hechler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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231 127003-42

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343933
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lava Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years ~~months~~ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lava Hot Springs
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Irvin Ralph Blasser

5. Date of Birth of Child (Month, day, year) Oct. 29, 1909

6. Sex Male

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Augustus Fredrick Blasser
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Geneva (City or town) Switzerland (State or foreign country)
14. Exact Occupation Railway Trackman
15. ~~Industry~~ or Business Naturalized U.S. Citizen

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Minnie John
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Wash Portage (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 a m. M. on the date and at the place stated above, and that personal particulars were furnished by Catharine Minnie Blasser (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Toone ~~M.D.~~ Midwife Address Idaho Falls Idaho Date May 2-1942

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for over 32 years, and that Mrs. (First name) Toone (Last name), who attended this birth was at Idaho Falls, Ida (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Minnie Blasser Signature
Twin Falls, Idaho 638 2nd Ave. W. P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1942
(SEAL) J. A. Bernhardt Notary Public, residing at Twin Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mary Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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396-124003 231

MAY 6 1942

344044

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bannock (b) City Turner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county years 6 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Turner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address 1121-7th Ave. Oakland Calif.

3. **RESIDENCE of FATHER** (city, state) Grace, Idaho

4. **FULL NAME OF CHILD** Teddy Ray Leffler

5. Date of Birth (Month, day, year) 5-24-1909

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Paul Leffler
11. Color or Race W
12. Age at time of THIS birth 28 yrs.
13. Birthplace Knox, Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Black
17. Color or Race W
18. Age at time of THIS birth 24 yrs.
19. Birthplace Morgan Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W.P. Leffler, being first duly sworn, say that I am related (Related to (or) acquainted with) Teddy Ray Leffler (Name of person on certificate above) as father William Paul Leffler (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Egbert (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Paul Leffler Signature

Grace, Idaho. P. O. Address

Subscribed and sworn to before me on this 5 day of May, 19 42

(SEAL) Notary Public, residing at Grace, Idaho.

MAY 6 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Mink Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: parents' home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Mink Creek, Idaho

4. FULL NAME OF CHILD Iris Romania Larsen

5. Date of Birth of Child (Month, day, year) July 21, 1909

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Louis Peter Larsen
11. Color or Race white **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Pleasant Grove, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Marie Nielsen
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Gammel, Tapernoje, Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Mrs. Nancy Rasmussen (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie M. Larsen Signature
708 East Bridge, Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of May, 19 42
(SEAL) Ezra P. Ford Notary Public, residing at Blackfoot, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344126
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Minidoka (b) City ~~Jerome~~ Eden
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
Farm residence of L.F.Davis, grandparent
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Jerome
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address RFD#1 Jerome, Ida.

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Ralph Arthur Grisham

5. Date of Birth (Month, day year) July 28, 1909.

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Arthur Grisham
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Everton, Missouri. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Anna Davis
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Mountain Home, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 8 1942 (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, William Arthur Grisham, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ralph Arthur Grisham (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ida Mae Davis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

W. A. Grisham — Signature
Carnation, Wash. — P. O. Address

Subscribed and sworn to before me on this 20 day of February, 19 42
(SEAL) Jane Edmonson Notary Public, residing at Carnation

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344155
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City ~~Lew~~ Spalding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Spalding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho-

4. FULL NAME OF CHILD Robert Glen Jordan

5. Date of Birth of Child (Month, day, year) 8-31-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JAMES HENRY JORDAN
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace MURPHEY (City or town) N. CAROLINA (State or foreign country)
14. Exact Occupation BRIDGE CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** RACHEL KATHERINE TRULL
17. Color or Race WHITE
18. Age at time of THIS birth 40 yrs.
19. Birthplace MARSHALL (City or town) N. CAROLINA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 32 years, and that Robert G Jordan (First name) Laura Fleming (Last name), who attended this birth is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Banner Eugene Jordan — Signature
228 Glasswork, Lewiston Idaho — P. O. Address

Subscribed and sworn to before me this 17 day of april, 1942

(SEAL) Homer H Lopp — Notary Public, residing at Lewiston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County..... (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County.....
(c) City Caldwell
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lanette Lorinda Sommers

5. Date of Birth of Child (Month, day, year) Dec 13. 1909

6. Sex **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Dave E Sommers
11. Color or Race..... **12.** Age at time of THIS birth 32 yrs.
13. Birthplace..... (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fanny Mofziger
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Archbold Ohio (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at..... M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature O W Hall M.D. Midwife Address Meridian Ida Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Dr Hall (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) not ~~Dead~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fanny Sommers Signature
409 Fillmore St Caldwell Ida P. O. Address

Subscribed and sworn to before me this 6 day of May, 1942
(SEAL) W. B. Foy Notary Public, residing at Boise, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344216
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lela Bell Matthews

5. Date of Birth of Child (Month, day, year) Sept. 12, 1909

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lawrence E. Matthews
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Salt Lake City (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Stella Eliza Carver
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace North Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Dr Hershberger (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella E. Matthews
Signature
St Anthony Idaho
P. O. Address

Subscribed and sworn to before me this 30 day of April, 1942

(SEAL) O. Meservey, Probate Judge ~~Notary Public, residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 6 1969

MAY 1 2 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344225
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. Northside Inn
(d) Name of Hospital or Maternity Home: Northside Inn Hotel
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years x months x days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. Northside Inn
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome, Idaho

4. FULL NAME OF CHILD Jack Owen Eagan

5. Date of Birth of Child (Month, day, year) Sept. 22, 1909

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd X 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Kleon Linwood Eagan
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Kinmundy, Ill (City or town) (State or foreign country)
14. Exact Occupation Hotel Manager
15. Industry or Business Northside Inn Hotel

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Elledge
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Horatio, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by Kleon L. Eagan (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oklahoma
County of Oklahoma } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for 32 years, and that Dr. Hemming & Mrs. Owen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

X K. L. Eagan Signature
1539 N. W. 29th Stree, Okla. City, Ok P. O. Address

Subscribed and sworn to before me this 5-d day of May, 19 42
(SEAL) Maurita Watson Notary Public, residing at 240 9 N. Dreyfus

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Mabel Elledge, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-224035-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344233
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 5 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Southwick, Ida

4. FULL NAME OF CHILD Verla May Thornton

5. Date of Birth of Child (Month, day, year) March 24, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Homer Thornton
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mayme Lavina Whitinger
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Southwick (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 33 years, and that Doctor Herriges (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mayme Lavina Whitinger Thornton — Signature
Southwick, Idaho — P. O. Address

Subscribed and sworn to before me this 6th day of May, 1942.
(SEAL) W. R. Anderson — Notary Public, residing at Southwick, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 207 a6-719

344 251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344251
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Cassia (b) City: Elba
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born on farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Elba
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Inez Pearl Smith

5. Date of Birth of Child (Month, day, year): 7th June 1909

6. Sex: female **7.** Twin or Triplet: no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy: 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME: John Obray Smith
11. Color or Race: white **12.** Age at time of THIS birth: 25 yrs.
13. Birthplace: Paradise (City or town) Utah (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Flossie Ellen Parish
17. Color or Race: **18.** Age at time of THIS birth: 21 yrs.
19. Birthplace: Elba (City or town) Idaho (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Doctor Storey (First name) of Albion (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flossie E. Smith — Signature
Malta, Idaho — P. O. Address

Subscribed and sworn to before me this 2 day of May, 19 42.
(SEAL) Henry Thompson — Notary Public, residing at MALTA IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-105030-769

344265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344265
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Ammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Ammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? two yrs.

3. RESIDENCE OF FATHER (city, state) Ammon, Idaho

4. FULL NAME OF CHILD John Wesley Cunningham.

5. Date of Birth of Child (Month, day, year) Sept 5, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Orezitt William Cunningham.
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Cedar (City or town) Missouri. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Virda Mae Porter.
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Westpoint (City or town) Indiana. (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Cody Jane (First name) Porter (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Virda Cunningham Signature
Boise Ida. P.O. Address

Subscribed and sworn to before me this 14 day of May, 1942
(SEAL) D. J. Sanks Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mary F. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3A 104 028 219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344304
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City
(d) Street Address or R.F.D. No. /
(e) How long has **MOTHER** lived in Idaho? / yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alvis Timothy Carder

5. Date of Birth of Child (Month, day, year) April 4 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph E. Carder,
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Bogard, (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Gertrude Barrier
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Carrolton, (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for since birth years, and that Alvis Timothy Carder (First name) Dr. J. C. Dwyer (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph E. Carder — Signature
Coeur d'Alene, Idaho, RFD #1 — P. O. Address

Subscribed and sworn to before me this 4th day of April, 19 42.

(SEAL) ..... Notary Public, residing at Coeur d'Alene Idaho,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299 IDA 016-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344324
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD Elden Clark Birch

5. Date of Birth of Child (Month, day, year) May 2, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lewis F. Birch
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Clark
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name prophylactic used to prevent~~ Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person ~~for~~ since birth years, and that Dr Oldham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Clark Birch Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942.

(SEAL) Frederick Hughes Snook Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mabel Hessler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-128028-692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344326
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenia (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum, Ida

4. FULL NAME OF CHILD Frederick Glen Freestone

5. Date of Birth of Child (Month, day, year) Sept. 28, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Sylvester Freestone
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane Wise
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 13. (b) Born alive and now living 12.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of WASHINGTON
County of SPOKANE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 74 years of age, that I have known this person for 33 years, and that Dr. Wenz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Jane Freestone — Signature
Veradale, Washington — P. O. Address

Subscribed and sworn to before me this 25th day of April, 19 42
(SEAL) Isabelle Johnson — Notary Public, residing at Opportunity, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mrs. I. Weeden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-118-003168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344337
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. City
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county One years 6 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. City
(e) How long has MOTHER lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Kenneth Gordon Lundburg

5. Date of Birth of Child (Month, day, year) June 18, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joel J. Lundburg
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Arcola, (City or town) Nebraska, U. S. A. (State or foreign country)
14. Exact Occupation Railroad Engineer
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Allie Johnson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace St. Paul, (City or town) Minnesota, U. S. A. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

~~I~~ We, the undersigned, being first duly sworn, say that ~~I am the~~ we are Father & Mother (Mother, etc.) of the person whose name appears in Item 4, above, that ~~I am~~ we are now 66 & 57 years of age, that ~~I~~ we have known this person for 33 years, and that Dr. Cattle (First name) ..... (Last name), who attended this birth ~~now~~ is deceased (Is now deceased) or (Cannot be located) ~~I~~ we further state that the facts on the certificate above are true to the best of ~~my~~ our knowledge and that ~~I~~ we desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joel J. Lundburg
Allie Lundburg ..... Signature
188-3rd St. Idaho Falls Idaho ..... P. O. Address

Subscribed and sworn to before me this 9 day of May, 1942
(SEAL) A. J. Glennah ..... Notary Public, residing at Idaho Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mary Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-108-010-265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344398
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNEVILLE (b) City IRWIN
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 5 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City IRWIN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ORVILLE PAUL ZITLAU

5. Date of Birth of Child (Month, day, year) JAN. 8, 1909

6. Sex MALE

7. Twin or Triplet — If so—born ~~1st, 2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME PAUL ZITLAU
11. Color or Race WHITE **12.** Age at time of THIS birth 41 yrs.
13. Birthplace RUSSIA (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business AGRICULTURE

MOTHER OF CHILD

16. FULL MAIDEN NAME NORA RUTH SWEATH
17. Color or Race WHITE **18.** Age at time of THIS birth 16 yrs.
19. Birthplace LUTHER (City or town) OKLAHOMA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At ~~time of birth~~ and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 33 years, and that SARA (First name) WEEKS (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Norah Zitlau Drouet Signature
339 WILLIS ST LOS ANGELES, CALIF. P. O. Address

Subscribed and sworn to before me this 7 day of MAY, 194Y

(SEAL) [illegible] Notary Public, residing at LOS ANGELES CALIFORNIA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-201-010-981

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344435
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 10 St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years months / days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 10 St
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Genevieve Mitchell

5. Date of Birth of Child (Month, day, year) Nov. 1st 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hugh Mitchell
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ryan
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Pa. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic ~~used to prevent~~ Ophthalmia Neonatorum nothing

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413 114 011-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344443
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BOUNDARY (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
AT HOME-IN TENT-
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BOUNDARY
(c) City BONNERS FERRY
(d) Street Address or R.F.D. No. CAMP YARD
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) BONNERS FERRY IDAHO

4. FULL NAME OF CHILD JACK WALTER DALTON

5. Date of Birth of Child (Month, day, year) DEC. 14 1909

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME R. JOHN DALTON
11. Color or Race WHITE **12.** Age at time of THIS birth 34 yrs.
13. Birthplace INDIAN TERRITORY OKLA (City or town) (State or foreign country)
14. Exact Occupation RANCH'ER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ESTHER BROWN
17. Color or Race WHITE **18.** Age at time of THIS birth 30 yrs.
19. Birthplace GOOSE CREEK-IDAHO-CACHE COUNTY (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum DONT KNOW
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (Born alive, stillborn) at 1:00 P. M. on the date and at the place stated above and that personal particulars were furnished by X R. John Dalton (First name) (Last name), who is related to this child as FATHER (Mother, etc.).

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for ALL LIFE years, and that MIDWIFE (First name) (Last name), who attended this birth DECEASED — ✓ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires Nov. 20, 1944

X R. John Dalton Signature
Cody Wyoming P. O. Address

Subscribed and sworn to before this 16th day of March, 1942

(SEAL) William E. Bradley Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Mabel K. Helper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791 120 023-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344457
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Gem (b) City: Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Gem
(c) City: Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Marion Grant

5. Date of Birth of Child (Month, day, year) Jan. 20 - 1909

6. Sex male Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James William Grant
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Jensen
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Ephraim (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multn. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the I am Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Ira Robert (First name) Clark (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elnora M. Hansen Signature
3933 NE 32 Pl Portland Ore. P. O. Address

Subscribed and sworn to before me this 7 day of May, 1942
(SEAL) Mae E. Howell Notary Public, residing at 1417-S E Harrison Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires July 17-1944

Received for filing on MAY 13 1942 by Mabel Helfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-109-029-245

344461

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: Deary
(c) Street Address or R.F.D. No.: 2
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Deary
(d) Street Address or R.F.D. No.: 2
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Irwin Oliver Swenson

5. Date of Birth of Child (Month, day, year) April 9, 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd no

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Adolph Swenson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Swift Falls, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte Sundby
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Maviel, North Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Helen Swenson (First name) (Last name), who attended this birth cannot be conveniently obtained (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adolph Swenson Signature
328 N. Jefferson St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942
(SEAL) D. Peterson Probate Judge Notary Public, residing at Moscow, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-116-033-599

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344471
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Madison (b) City: Rexburg
(c) Street Address or R.F.D. No.: RFD #2
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery: IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Madison
(c) City: Rexburg
(d) Street Address or R.F.D. No.: RFD #2
(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Ida.

4. FULL NAME OF CHILD Elden Muir

5. Date of Birth of Child (Month, day, year) 2/16/1909

6. Sex: male **7.** Twin or Triplet: If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy: 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter B. Muir
11. Color or Race: white **12.** Age at time of THIS birth: 30 yrs.
13. Birthplace: Mendon, (City or town) Utah (State or foreign country)
14. Exact Occupation: farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Virgin
17. Color or Race: white **18.** Age at time of THIS birth: 27 yrs.
19. Birthplace: Bear Lake, (City or town) Idaho (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 P. M. on the date and at the place stated above, and that personal particulars were furnished by Walter B. Muir (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's OWN signature | M.D. Midwife | Address | Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 1 years, and that Dr. Shupe (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter B. Muir — Signature
Rexburg, Idaho, RFD #2 — P. O. Address

Subscribed and sworn to before me this 21st. day of April, 1942

(SEAL) Del Stowell — Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mark Hale, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413128 014-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344473
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City 6 miles east Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell Idaho

4. FULL NAME OF CHILD Cecil David Matthews

5. Date of Birth of Child (Month, day, year) May 28, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Noah Edward Matthews
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Hartsville (City or town) Missouri (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmithing

MOTHER OF CHILD

16. FULL MAIDEN NAME Millie Williams
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Grass Valley (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Union } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 56 years, and that Phil Maddin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Noah Edward Matthews Signature
2706 Ash St. La Grande Ore. P. O. Address

Subscribed and sworn to before me this 9th day of May, 1942
(SEAL) Rodney J. Kitchen Notary Public, residing at La Grande, Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-220 028-3A

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344479
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City HARRISON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City HARRISON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) HARRISON, IDA.

4. FULL NAME OF CHILD LUCY LOLA CANTREL

5. Date of Birth of Child (Month, day, year) OCTOBER 20, 1909

6. Sex GIRL

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JOHN WILLIAM CANTREL
11. Color or Race WHITE **12.** Age at time of THIS birth 28 yrs.
13. Birthplace CALDWELL (City or town) IDAHO (State or foreign country)
14. Exact Occupation LUMBERMAN
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME IOLA EDITH CARDER
17. Color or Race WHITE **18.** Age at time of THIS birth 20 yrs.
19. Birthplace POST FALLS (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of OREGON
County of UNION } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that DR. BUSBY (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Iola Edith Cantrel — Signature
La Grande Oregon — P. O. Address

Subscribed and sworn to before me this 7th day of MAY, 1942.
(SEAL) B. F. Kessler — Notary Public, residing at LA GRANDE, ORE.
COMM. EXPIRES 9/20/43
NOTARY PUBLIC FOR ORE.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mabel Kessler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995 209 014-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344483
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Canyon (b) City: Emmett
(c) Street Address or R.F.D. No.: Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Emmett
(d) Street Address or R.F.D. No.: R.F.D.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Marie Pies

5. Date of Birth of Child (Month, day, year): Oct. 9, 1909

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME**: Peter Pies
11. Color or Race: White
12. Age at time of THIS birth: 42 yrs.
13. Birthplace: Marienbach (City or town) Rhine Province Germany (State or foreign country)
14. Exact Occupation: Fruit Growers
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Rose Agnes Smith
17. Color or Race: White
18. Age at time of THIS birth: 22 yrs.
19. Birthplace: Glasgow (City or town) Utah (State or foreign country)
20. Exact Occupation: House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None

23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho, County of Gem, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Dr Loder (First name) ..... (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie A Marchant — Signature
Emmett Idaho — P. O. Address

Subscribed and sworn to before me this 9th day of May, 1942.

(SEAL) J. R. Reed, Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mabel Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165 117 044-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344504
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Roscoe Otis Jones

5. Date of Birth of Child (Month, day, year) February 17, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Andrew Jones
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Jeannette Saling
17. Color or Race
18. Age at time of THIS birth 29 yrs.
19. Birthplace Weiser (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Lillie Hayse (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Jeannette Jones Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942.
(SEAL) O. G. Taylor Notary Public, residing at Weiser, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Mabel Kessler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791 731 006883

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344513
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City IDAHO FALLS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO FALLS, IDAHO

4. FULL NAME OF CHILD WALLACE HAROLD GRAY

5. Date of Birth of Child (Month, day, year) AUGUST 31, 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ARTHUR GRAY
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace JEFFERSON (City or town) IOWA (State or foreign country)
14. Exact Occupation PRINTER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME THYRA MELINDA HYTLAND
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace AMES (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Iowa
County of Story } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Dr. Nina Maynard (First name) (Last name), who attended this birth cannot locate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thyra Melinda Hytland Gray Signature
Ames, Iowa, 129 So. Buff Ave. P. O. Address

Subscribed and sworn to before me this 11 day of May, 1942
(SEAL) B. Thomas Clerk of District Court Notary Public, residing at Ames Ia.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mabel Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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141-217-029-692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344523
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Potlatch, Idaho

4. FULL NAME OF CHILD Mabel Lydia Adams.

5. Date of Birth of Child (Month, day, year) March 17, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Frank Adams
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Millerstown (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Watchman
15. Industry or Business Potlatch Lumber Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Howe Wiener.
17. Color or Race White **18.** Age at time of THIS birth 43 yrs.
19. Birthplace Marinette (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lydia Adams (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs W J Howard. M.D. Midwife Address Potlatch, Ida Date 5/9/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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789-228-003-751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 344543
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 756 No. Harrison
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 21 years — month 20 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 756 No. Harrison
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address 756 No. Harrison

3. RESIDENCE of FATHER (city, state): Pocatello. Ida.

4. FULL NAME OF CHILD Mildred Jean Phillips

5. Date of Birth (Month, day, year) Oct. 28, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Lee Phillips
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Lowell (City or town) Arkansas (State or foreign country)
14. Exact Occupation Switchman
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Peake
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Pocatello (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 13 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Elizabeth Phillips, being first duly sworn, say that I am Mother (Related (Related to (or) acquainted with) Mildred Jean Phillips (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Caille (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Elizabeth Phillips Signature
6107 Bakel St Los Angeles Calif. P. O. Address

Subscribed and sworn to before me on this 9th day of May, 1942

(SEAL) Cecile M. Hogle Notary Public, residing at 2201 N. Bldwy L.A. Calif.

My Commission Expires December 19, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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243 119 004-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344574
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montepelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montepelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Oliver Otto Bucher

5. Date of Birth of Child (Month, day, year) June 19, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Otto Bucher
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Railroad Machinist
15. Industry or Business Machinist

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Johanna Sorensen
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Montepelier, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. Midwife Address 2911 Jenny St. San Diego Calif Date 5-12-42

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 33 years, and that Doctor (First name) Pointer (Last name), who attended this birth ~~is now Deceased~~ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary J. Bucher — Signature
719 Pine St Los Angeles Calif — P. O. Address

Subscribed and sworn to before me this 27th day of June 1942

(SEAL) Henry R. Fell — Notary Public, residing at Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires July 25, 1943

Received for filing on APR 27 1942 by Mabel H. Erickson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

785 104038-258

344586

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City New Plymouth
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City New Plymouth
(d) Street Address or R.F.D. No. none 17 days
(e) How long has **MOTHER** lived in Idaho? 1 mo./~~yrs.~~ Idaho

3. RESIDENCE OF FATHER (city, state) New Plymouth

4. FULL NAME OF CHILD MERLE STEVEN PHETTEPLACE

5. Date of Birth of Child (Month, day, year) 10-4-1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** CHARLES A. PHETTEPLACE
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ketchumville, New York (City or town) (State or foreign country)
14. Exact Occupation Tailor
15. Industry or Business Tailor of men's clothes

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LUANE ANNETTE SNYDER
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Sidney, New York (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature W T Drysdale M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that Dr. (First name) Drysdale, M.D. (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luanne Annette Phetteplace Signature

My Commission Expires October 11, 1943.

535 Kendall Ave., Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 27th day of March, 19 42

(SEAL) [illegible] Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on APR 9 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

957216 003612

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344592
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 340 W. Lander
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello, Idaho
(d) Street Address or R.F.D. No. 340 W. Lander
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Evelyn Amelia Regan

5. Date of Birth of Child (Month, day, year) March 16, 1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Henry Regan
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Lincoln, Neb. (City or town) (State or foreign country)
14. Exact Occupation Pipefitter in shops
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie May Oakey
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Bennington, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that Dr. H. A. Coulter (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lillie Regan. Signature
858 N. Main P. O. Address
Pocatello Ida.

Subscribed and sworn to before me this 13 day of May, 1942
(SEAL) Paul M. Dugan Notary Public, residing at Pocatello Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by Mark H. Ellis, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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753 126 022 154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 13 1942

State File No. 344603
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Milford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Milford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Hans Raymond Peterson

5. Date of Birth of Child (Month, day, year) Dec 26, 1909

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hans ~~Raymond~~ Henry Peterson
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Anderson
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Sweden (City or town) Mum (State or foreign country)
20. Exact Occupation Wife & Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 32+ years, and that Dr B West (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily A. Peterson Signature
St Anthony Idaho P. O. Address

Subscribed and sworn to before me this 11 day of May, 1942
(SEAL) Clerk, Probate Judge ~~Notary Public, residing~~ at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Mary Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-12-010-168

344630

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Shelton
(c) Street Address or R.F.D. No. Rigby, R.F.D.2
(d) Name of Hospital or Maternity Home: Born at Mother's Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 18 years 7 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Shelton
(d) Street Address or R.F.D. No. Rigby, R.F.D.2
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Ralph Brown

5. Date of Birth of Child (Month, day, year) Nov. 12, 1909

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edwin Henry Brown
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Johnson
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Bountiful, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 22 years, and that Sarah Howard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Brown ..... Signature
623 L Street Idaho Falls ..... P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942.

(SEAL) ..... Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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231122 006-249

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 344657
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Irwin
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Irwin
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Harry Staten

5. Date of Birth (Month, day year) Oct. 22 1909.

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? no

FATHER OF CHILD

10. **FULL NAME** William Staten
11. Color or Race white
12. Age at time of THIS birth ..... yrs.
13. Birthplace Springville Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Burton
17. Color or Race white
18. Age at time of THIS birth 20 yrs
19. Birthplace Gransville Utah. (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 13 1942 (Date received) (b) Mabel Nelson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Montana
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Sam Talbott, being first duly sworn, say that I am related (Related to (or) acquainted with) Harry Staten (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Laura Weeks (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Sam Talbott ..... Signature
Sheridan Montana ..... P. O. Address

Subscribed and sworn to before me on this 3rd day of February 1942
(SEAL) Mabel Nelson Notary Public, residing at Sheridan, Mont.
My Commission Expires 4-21-43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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259-229-020-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344668
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Elmore (b) City: Sunnyside
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Elmore
(c) City: Sunnyside
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Sunnyside Idaho

4. FULL NAME OF CHILD Anna Ellen Berry

5. Date of Birth of Child (Month, day, year) Jan 29, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lowry Logan Berry
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Emmett (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Josephene Williams
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Fredonia (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 33 years, and that Mrs Barry Ayers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Florence Etter Signature
Viola Ida. P. O. Address

Subscribed and sworn to before me this 11 day of May 1942
(SEAL) H. M. Hanson Notary Public, residing at Potlatch, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My Commission Expires Dec. 3, 1944

Received for filing on MAY 14 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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897-113-014-243 now Payette.

344704

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. Can't recall
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. Not sure
(e) How long has **MOTHER** lived in Idaho? 1+ yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Bernard Leon Higby

5. Date of Birth of Child (Month, day, year) May 13, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leon Clifford Higby
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Jerusalem (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Mechanics
15. Industry or Business Ice machine

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Mae Sutton
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Glenwood (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business Public schools.

22. Name prophylactic used to prevent Ophthalmia Neonatorum We not know Eyes all right
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that Andrew Davis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sylvia Mae Galbraith Signature
2834 S.E. Lambert, Portland Ore. P. O. Address

Subscribed and sworn to before me this 12 day of May, 19 42
(SEAL) Pearl M. Hunt Notary Public, residing at Portland Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com Exp Sept 9 1942

Received for filing on MAY 14 1942 by Mark Hetherington, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-728006-282

344729

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City MILO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County BINGHAM
(c) City MILO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) MILO, IDAHO

4. FULL NAME OF CHILD DENZIL LAVOR HANCEY

5. Date of Birth of Child (Month, day, year) MARCH 28, 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ARTHUR CLAUDIUS HANCEY
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace HYDE PARK (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MINNIE BYBEE
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace MANTI (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ARGYROL

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 33 years, and that DR. S.S. FULLER (First name) (Last name), who attended this birth IS NOW deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A C Hancey Signature
Box 21 Idaho Falls P. O. Address

Subscribed and sworn to before me this 29 day of April, 1942
(SEAL) U E Penn Notary Public, residing at Idaho Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Mark Yeulfin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-206-036-469

344797

344797

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No. Main St.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leah Thomas

5. Date of Birth of Child (Month, day, year) Sept. 6, 1909

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Rowland Thomas
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Samaria, Idaho (City or town) (State or foreign country)
14. Exact Occupation Sheep rancher
15. Industry or Business livestock

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Morse
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Samaria, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Dr. Ray (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane Morse Thomas Signature
Midvale, Utah P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942.

(SEAL) Ben G. Bay Notary Public, residing at Midvale, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Maud F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

191-208-009-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344823

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEL GRAY		2. Date of Birth (month) January (day) 8 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Priest River
FATHER	6. Full Name of Father: Nathan Booth Gray		7. State or Country of Father's Birth: Kentucky	
MOTHER	8. Full Maiden Name of Mother: Maude Adair		9. State or Country of Mother's Birth: Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Gray Jenkins	11. Present Address of Registrant: Box 647 Omak, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on May 10, 1966	12. Signature of Notary: Earl Nansen	13. Notary Commission expires January 11 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #110-234	By whom issued and signed: The Northern Life Ins. Co. Seattle, Washington	Date Issued: June 5,1928	Date Orig. Entry: May 26, 1928
	Date of Birth: Jan.8,1909 / Birth Place: Priest River,Idaho	Full Name of Mother: (Mrs.) Maudie Gray	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage records #2923	By whom issued and signed: Okanogan County, Washington	Date Issued: May 10,1966	Date Orig. Entry: May 3,1929
	Date of Birth: Age 20 / Birth Place: Priest River,Idaho	Full Name of Mother: Maudie Adair	Name of Father: N. B. Gray	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Maude A.Gray	Date Issued: May 10,1966	Date Orig. Entry: ------
	Date of Birth: Jan.8,1909 / Birth Place: Priest River,Idaho Bonner County	Full Name of Mother: Maude Adair	Name of Father: Nathan Booth Gray	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 3, 1966

FORM BH 56067

3-30-65 gml.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344823
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Priest River, Ida.

4. FULL NAME OF CHILD Hazel Gray

5. Date of Birth of Child (Month, day, year) Feb. 8, 1909

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Nathan Booth Gray
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Eddyville (City or town) Kentucky (State or foreign country)
14. Exact Occupation Operating a farm.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maudie Adair
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Okanogan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that Mrs. Borigan (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maudie Gray Signature
Omak, Washington P. O. Address

Subscribed and sworn to before me this 14th day of May, 1942
(SEAL) E. D. Clough Notary Public, residing at Omak, Wash.
(Note: Perjury is punishable as a felony in Idaho; See Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-122-038-679

344831

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years two months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City New Plymouth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? two yrs.

3. RESIDENCE OF FATHER (city, state) New Plymouth, Idaho

4. FULL NAME OF CHILD Myrle Ogilvy Fish

5. Date of Birth of Child (Month, day, year) Nov 22 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Newton Fish
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Columbus (City or town) Ohio (State or foreign country)
14. Exact Occupation clerk in grocery
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara A. ~~Fish~~ Ogilvy
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Springfield (City or town) Ohio (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by Clara A. Ogilvy (First name) Fish (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature W T Drysdale M.D. ~~Midwife~~ Address Mad Mich Date 5-9-42

State of Ohio
County of Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Dr. (First name) Drysdale (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Clara A. Ogilvy Fish Signature
311 E. Main St. Madison, O. P. O. Address

Subscribed and sworn to before me this 18 day of April, 1942

(SEAL) W. J. Keyse Notary Public, residing at Madison, O.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated)

APR 30 1942 W. J. KEYSE, Notary Public
My commission expires May 19, 1944

Received for filing on ..... by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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449-109-022-841

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344840
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Montana (b) County Gallatin
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Montana

4. FULL NAME OF CHILD Frank Lebbeus Murray

5. Date of Birth of Child (Month, day, year) Jan-9-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lebbeus A. Murray
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Streator (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Eldredge Guantell
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Lake Linden (City or town) Michi (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Mrs. L. Oswald M.D. Midwife Address Ennis Mont Date May 5

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Mrs. L. Oswald (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mabel E. Murray Signature
P. O. Address

Subscribed and sworn to before me this 11 day of May, 1942

(SEAL) E. Peterson Notary Public residing at NOTARY PUBLIC for the State of Montana, Residing at Yellowstone, Montana.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My commission expires February 23rd, 1943.

Received for filing on MAY 14 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-101-005-635

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344842
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St Maries
(d) Street Address or R.F.D. No. –
(e) How long has **MOTHER** lived in Idaho? 6 mos
3. RESIDENCE OF FATHER (city, state) St. Maries, Idaho.

4. FULL NAME OF CHILD Donald Percy Langley
5. Date of Birth of Child (Month, day, year) Aug 1-1909
6. Sex Male
7. Twin or Triplet L If so—born ~~1st, 2nd, 3rd~~ 4th
8. No. months of Pregnacy 9 mo
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Francis Wilson Langley
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Cleveland (City or town) Iowa (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business Chicago Milwaukee & St Paul Ry.

MOTHER OF CHILD
16. FULL MAIDEN NAME Susan Millard Fleenor
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Bluff City (City or town), Tenn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business At home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate soln. and/or Argyrol 10% soln.
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty (60) years of age, that I have known this person for thirty-two + years, and that physician (name not available) (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan M. Langley ..... Signature
414 Clifton St., Oakland, Calif. ..... P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942
(SEAL) Florence R. Hamburger Notary Public, residing at Spokane Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-114-202-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344852
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Fremont (b) City: Rexburg
(c) Street Address or R.F.D. No.: 246 East Main
(d) Name of Hospital or Maternity Home: ~~Gen~~ home of mother
(e) Mother's stay **BEFORE** delivery: ~~Gen~~ home of mother
IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Fremont
(c) City: Rexburg
(d) Street Address or R.F.D. No.: 246 East Main
(e) How long has **MOTHER** lived in Idaho? 67 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg Idaho

4. FULL NAME OF CHILD Carrol Doney Parkinson

5. Date of Birth of Child (Month, day, year) 14 Feb. 1909

6. Sex: boy **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Smart Parkinson
11. Color or Race: white **12.** Age at time of THIS birth: 34 yrs.
13. Birthplace: Rexburg (City or town) Idaho (State or foreign country)
14. Exact Occupation: Sheep raising and wheat
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Ann Doney
17. Color or Race: white **18.** Age at time of THIS birth: 34 yrs.
19. Birthplace: Rexburg (City or town) Idaho (State or foreign country)
20. Exact Occupation: Housekeeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: [redacted] Yes
23. Number of children of this mother: (a) At time of birth and including t[redacted] 5 (b) Born alive and now living: 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 33 years, and that Dr Wilkes (First name) (Last name), who attended this birth Cannot Locate (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Ann Doney Parkinson Signature
P. O. Address

Subscribed and sworn to before me this 12 day of May, 1942.
(SEAL) Dee Stowell Notary Public, residing at Rexburg Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-225 · 0 09-354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344856
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 ½ yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Idaho

4. FULL NAME OF CHILD Grace Madeline Hooser

5. Date of Birth of Child (Month, day, year) Apr. 25, 1909

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Willard Alfred Hooser
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Winebago City, Minn. (City or town) (State or foreign country)
14. Exact Occupation Saloon keeper
15. Industry or Business Liquor

MOTHER OF CHILD

16. FULL MAIDEN NAME Fanny May Lemon
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Ponsford, Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Montana
County of Yellowstone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Dr. Malcolm McKinnon (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that [illegible] Public for the State of Montana [illegible] certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under [illegible] 7 Session Laws.

[illegible] March 13, 1943. Fanny May Hooser Signature

Cooke City, Montana P. O. Address

Subscribed and sworn to before this 17th day of May 1942

(SEAL) J. E. Roberts Notary Public, residing at Billings, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received filing on MAY 16 1942 by Mabel Hedborn, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-213-006-864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344865
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Family Resident
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Idaho

4. FULL NAME OF CHILD Ethel Amelia Monson

5. Date of Birth of Child (Month, day, year) 10/13/09

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Julius Niels Monson
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Yorgenson
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Odense (City or town) Denmark (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business ~~House Wife~~

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at One A.M. on the date and at the place stated above, and that personal particulars were furnished by Julia (First name) Monson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler **M.D.** ~~Midwife~~ Address Shelley Date 5-4-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-229-004-818

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 344905
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D.No. Unknown
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D.No. Unknown
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Montpelier, Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Beatrice Victoria Haviland

5. Date of Birth (Month, day year) March 29, 1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Benjamin Haviland
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Washington D.C. (City or town) U.S.A. (State or foreign country)
14. Exact Occupation Railroad Conductor
15. Industry or Business Union Pacific R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane Hay
17. Color or Race White
18. Age at time of THIS birth 34 yrs
19. Birthplace Minden (City or town) Ontario, Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 15 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of California
County of Contra Costa } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Sarah J. Bean, being first duly sworn, say that I am the mother (Related to (or) acquainted with) as ____ (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Sarah J. Bean Signature
200- Grand View San Francisco, California

Subscribed and sworn to before me on this 2 day of May 1942

(SEAL) [signature] Notary Public, residing at Rodeo, California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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21V-114-040-155

344934

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Birth at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4+ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Henry Floyd Samuel Jr.

5. Date of Birth of Child (Month, day, year) June 14 1909

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Floyd Samuel
11. Color or Race White
12. Age at time of THIS birth 33+ yrs.
13. Birthplace Shoshone Co. Mississippi (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Maria Jenkins
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Greensburt Crawford Co. Indiana (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for Birth years, and that Adam Blase (First name) (Last name), who attended this birth Can not Locate him (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Floyd Samuel — Signature
Samuel, Bonner Co. Idaho — P. O. Address

Subscribed and sworn to before me this 6th day of May, 1942.

(SEAL) Mark A. Morea — Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mabel H. Gilson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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381-228-003-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344944
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 355 N. 5th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 355 N. 5th
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD Viola Chapman

5. Date of Birth of Child (Month, day, year) July 28-1909

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bert John Chapman
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Engineer - U.P
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Miltenberger
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Rochester - Penna (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that D.W. Wright (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. George F. Girard Signature
551 So 6th Ave P. O. Address

Subscribed and sworn to before me this 14th day of May, 19 42

(SEAL) Leslie M. Wells Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mary Wheeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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451-115-009-753

344954

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Kootenai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Kootenai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Kootenai, Ida

4. FULL NAME OF CHILD Thomas A Elvin Deaveney

5. Date of Birth of Child (Month, day, year) June 15, 1909

6. Sex M

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Deaveney
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Lapeer, Michigan (City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Pell
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Unknown (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that Dr. McKinnon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thos Deaveney Sr. Signature
10th St., Clarkston, Washington P. O. Address

Subscribed and sworn to before me this 14th day of May, 19 42
(SEAL) Ernest A Halsey Notary Public, residing at Clarkston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mabel Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

142-105-028-847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344994
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No. Harwood
(d) Name of Hospital or Maternity Home: Stayed at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Dead

4. FULL NAME OF CHILD Frank Alfred Adkins

5. Date of Birth of Child (Month, day, year) July 5, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel John Adkins
11. Color or Race white **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Kansas (City or town) Missouri (State or foreign country)
14. Exact Occupation General labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Adele Huguenin
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) France (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Mrs Sirka (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Adkins Signature
Post Falls Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942

(SEAL) N. L. Bennett Notary Public, residing at Post Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-101-037-485

345000

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County OWYHEE (b) City DE LAMAR
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County OWYHEE
(c) City DE LAMAR
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD CLIFFORD ORIN SMITH

5. Date of Birth of Child (Month, day, year) October 1, 1909

6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd No
8. No. months of Pregnacy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JAMES SMITH
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Jackson Co (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ESTA MYERS
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace (City or town) Texas (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 32 years, and that Dr. Farrer (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X James P. Smith Signature

926 N. Hudson Pasadena California P. O. Address

Subscribed and sworn to before me this 14th day of May, 1942

(SEAL) Mabell B. Downing Notary Public, residing at Pasadena, Calif.

My Commission Expires April 16, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mabel Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

952-109-028-718

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345004
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenea Now Benewah (b) City Sanders,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenea Now Benewah
(c) City Sanders,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Sanders, Ida.

4. FULL NAME OF CHILD Howard Isaac Inscore

5. Date of Birth of Child (Month, day, year) May 9-1909

6. Sex mas **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charlie Monroe Inscore
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Louisville, (City or town) North Carolinaa (State or foreign country)
14. Exact Occupation Logging or timber work
15. Industry or Business Logging

MOTHER OF CHILD

16. FULL MAIDEN NAME Sena Alace Payne
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Hillsville, (City or town) Virgina, (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3. A M. on the date and at the place stated above, and that personal particulars were furnished by Sena (First name) Inscore (Last name), who is related to this child as Mother, (Mother, etc.) I was there

25. Attendant's **OWN** signature Mary Miller M.D. Midwife Address Sanders, Idaho. Date April 30-42

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that Sena (First name) Alace Inscore (Last name), who attended this birth his mother, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sena A Inscore Signature
Tensed, Idaho. P. O. Address

Subscribed and sworn to before me this 11th. day of May, 19 42
(SEAL) Henry A. Kamma Notary Public, residing at Tensed, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-105-006-546

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345015
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Rimball
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Rimball
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 5-6 yrs.

3. RESIDENCE OF FATHER (city, state) Firth, Idaho

4. FULL NAME OF CHILD Linn Hutchinson

5. Date of Birth of Child (Month, day, year) Dec. 5-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Jean Hutchinson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Warm Creek (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Edwardo
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace American Fork (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above and that personal particulars were furnished by Jean Hutchinson (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Ida. Date 5-15-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-104. MAY 036-261 21 1942 345024

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345024
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Whitney
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Leathem Alfred Monson

5. Date of Birth (Month, day year) Oct 4, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Christian Alfred Monson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Franklin Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Swainston
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Franklin Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 1:P M. on the date and at the place stated above, and that personal particulars were furnished by Christian Monson (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) MAY 21 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Christian Alfred Monson, being first duly sworn, say that I am related (Related to (or) acquainted with) Leathem Alfred Monson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that A. W. Cutler (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Christian Alfred Monson Signature
P. O. Address

Subscribed and sworn to before me on this 18 day of May 1942
(SEAL) [illegible] Notary Public, residing at Preston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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455-221-001-793

345044

United States
Department of Commerce
Bureau of the Census

MAY 22 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345041
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Bertha Maud Mencer

5. Date of Birth of Child (Month, day, year) March 21, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edwin Mencer
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME May Gilbert
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at ✓ M. on the date and at the place stated above, and that personal particulars were furnished by May Mencer (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature James Stewart M.D. ~~Midwife~~ Address Boise Idaho Date May 21-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mary F. Eldon, Registrar.

MAY 22 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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699-114-031-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345969
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harold Wayne Wright

5. Date of Birth of Child (Month, day, year) April 14 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Henry Wright
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Cambridge (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Susan Pardue
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 12-15 M. on the date and at the place stated above, and that personal particulars were furnished by Ida S Wright (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Emma Hicks ~~M.D.~~ Midwife Address Nez Perce Date May 4 1942

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Mabel Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-204-036-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345986
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Oneida (b) City: Malad
(c) Street Address or R.F.D. No.: P. O.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Oneida
(c) City: Malad
(d) Street Address or R.F.D. No.: P. O.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Childhood

4. FULL NAME OF CHILD Eliza Arleen Thomas

5. Date of Birth of Child (Month, day, year) January 4th 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph E. Thomas
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace North Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret C Donovial
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Margaret C Donovial Thomas (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature D C Ray M.D. Midwife Address Pocatello Date 5-15-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-223-035-459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346040
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nezperce (b) City
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Nesperce
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Ferdinand Ida.

3. RESIDENCE OF FATHER (city, state) Ferdinand

4. FULL NAME OF CHILD Anna Elnore Hill

5. Date of Birth (Month, day, year) Aug. 23. 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mos. 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Daniel H. Hill
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Engine (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive G. Ungicker
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Emporia (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 10
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 A M. on the date and at the place stated above, and that personal particulars were furnished by Olive G (Ungicker) Hill (First name) (Last name), who is related to this child as Mother (Mother, etc.)

Mary Kellen

26. (a) MAY 19 1942 (Date received) (b) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Ella Ungicker Midwife M.D. or (D.O., Midwife, etc.)
and address Ferdinand Idaho Date 3-28-1942

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Olive G. Hill, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) Anna Elnore Hill (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Olive G. Hill Name
Ferdinand, Idaho P. O. Address

Subscribed and sworn to before me on this 28 day of March 1942

(SEAL) J. Gilbert JUSTICE OF THE PEACE Public, residing at Ferdinand Idaho.

Cottonwood Precinct, Idaho County, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-120-042-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346065
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 430 3d Ave. E.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 430 3rd Ave E.
(e) How long has **MOTHER** lived in Idaho? 7 months

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida

4. FULL NAME OF CHILD Richard Smith Robertson

5. Date of Birth of Child (Month, day, year) Aug. 20, 1909

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Macon Robertson
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Amherst, (City or town) Virginia (State or foreign country)
14. Exact Occupation Real Estate Broker
15. Industry or Business Real Estate Brokerage

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nathalie Cocke Smith
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Scotland Neck, (City or town) N.C. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that Dr. John R. Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thos M Robertson Signature

P. O. Box 230 Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942.

(SEAL) John B. Robertson Notary Public, residing at Twin Falls - Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Mabel Robertson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-123-025449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346083
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: born at his home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years -- months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City near Kooskia, Idaho
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Kooskia, Idaho

4. FULL NAME OF CHILD Harold Chester Wilson

5. Date of Birth of Child (Month, day, year) March 23, 1909

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Henry Wilson
11. Color or Race white **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Hamberg (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Olive Murphy
17. Color or Race white **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Pullman (City or town) Washington (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business house keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 33 years, and that Dr Charles Busey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. L. B. Murphy Signature
Clearwater, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of May, 19 42.
(SEAL) Henry Fletcher County Recorder Notary Public, residing at Grangeville, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Mabel Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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213-210-006-897

346096

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 2 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Idaho.

4. FULL NAME OF CHILD Viola Hevelyn Bateman

5. Date of Birth of Child (Month, day, year) Feb. 10, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hyrum Bateman
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace West Jordan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Ann Higgins
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Milton Kent (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 33 years, and that Eliza Jimmett (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Ann Bateman ..... Signature
Shelley, Idaho ..... P. O. Address

Subscribed and sworn to before me this 19 day of May, 1942
(SEAL) A. Dorgensen ..... Notary Public, residing at Shelley, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Mark Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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297-115-033-522

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346100
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. Center Street
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idaho

4. FULL NAME OF CHILD Ray Allen Siglin

5. Date of Birth of Child (Month, day, year) May 15, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Allen Siglin
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Manona, (City or town) Iowa (State or foreign country)
14. Exact Occupation Taxi Driver
15. Industry or Business Taxi Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada K Eskew
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Habersham County, (City or town) Georgia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for 33 years, and that Lorin F (First name) Rich (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ada K Eskew Siglin Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 19 day of May, 1942

(SEAL) J. Wendel Ritchie Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Mark H. Fielding, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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239-15-042-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346107
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (~~At~~ time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD Howard Barlow Strandy

5. Date of Birth of Child (Month, day, year) Oct. 15, 1909

6. Sex male **7.** Twin or Triplet -- If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Martin W. Strandy
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Manitowoc, Wisc. (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Barlow
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Mahomet, Illinois. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at midnight M. on the date and at the place stated above, and that personal particulars were furnished by self (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. J. T. Morris ~~M.D.~~ Midwife Address 411-12 Ave N. Buhl Date May 11

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Dr. Ross (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella B. Griesbaber Signature
Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of May, 19 42
(SEAL) [signature] Notary Public, residing at Orofino therein
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-183-D 42-414

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346167
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home: -
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida

4. FULL NAME OF CHILD Winston Eugene Lay

5. Date of Birth of Child (Month, day, year) Jan. 23-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Edward Lay
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Buffalo, Kansas (City or town) (State or foreign country)
14. Exact Occupation Retail Lumberman
15. Industry or Business Retail Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leone Warn Maddox
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Carthage, Mo (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Do

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Dr John R. Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leone W. Lay — Signature
720 N. Cleveland St. Salt Lake City — P.O. Address

Subscribed and sworn to before me this 18th day of May, 1942

(SEAL) — Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Exp. Nov. 4th 1942

Received for filing on MAY 19 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-215-003-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346189
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD Hila Irene Jones

5. Date of Birth of Child (Month, day, year) 12/15/1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Albert Williams Jones.
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Logan, Utah. (City or town) (State or foreign country)
14. Exact Occupation Railway Trainman U.P.RY
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Retta Leora Dalton.
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't name of medicine used.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of State of Idaho, County of Bear Lake. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for all her life years, and that Dr. Castle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Williams Jones — Signature
Montpelier, Idaho. — P. O. Address

Subscribed and sworn to before me this 16th day of May, 1942

(SEAL) Chas. E. Hanus Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

23-127025-813

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

346229

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Idaho
City of Cottonwood
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD James Harold Blackburn

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Feb 27, 1909 (Month, Day, Year)

FATHER

9. Full name James Edward Blackburn
10. Residence (usual place of abode) (If non-resident, give place and State) Cottonwood
11. Color or race W | 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Lewis County N. Y.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Bessie Hall
19. Residence (usual place of abode) (If non-resident, give place and State) Cottonwood
20. Color or race W | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Shenandoah, Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 2 00 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. D. Shinnick, M. D.
or ..... Midwife
Address Kamiah, Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed MAY 19 1942, 193..... Mabel E. Elder Registrar.

Bureau of Statistics
Board of Internal Revenue
State capitol.

DELAYED

MAY 23 1942

296-108040-252

346292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullin-Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Laverne Thomas Brossoit

5. Date of Birth of Child (Month, day, year) May 8 - 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Amie Thomas Brossoit
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace St. Etienne (City or town) Brassaris (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Not Working

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Alphonsine Bessette
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace New Bedford (City or town) Mass. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature I can not get in touch with the Dr, who was present at time of Birth M.D. Midwife Address Date

State of Montana
County of Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Dr. (First name) Rolsf (Last name), who attended this birth (~~Is dead, deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Amie Brossoit Signature
St. Ignatius Mont. P. O. Address

Subscribed and sworn to before me this 9 day of May, 1942.

(SEAL) Wm R. Kelly Notary Public, residing at St. Ignatius Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-117-028-368 346313 **346313**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Athol
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Athol
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Athol Idaho

4. FULL NAME OF CHILD Fred Alonzo Thompson

5. Date of Birth of Child (Month, day, year) Feb. 17, 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Louis Thompson
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Trenton (City or town) Missouri (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dola Henrietta Coyle
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Stoutland (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Dola Thompson (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that Mrs. Joseph Snyder (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts of the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Dola Thompson Signature
X 106 S Sherman P. O. Address

Subscribed and sworn to before me this 17th day of Feb, 1942.

(SEAL) E. K. Lenan Notary Public, residing at Spokane Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the State of Washington, residing at Spokane.

Received for filing on MAY 22 1942 by Maud E. Eden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-223 028695

346319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346319
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City FARRELL
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Farrell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Farrell, Ida.

4. FULL NAME OF CHILD Dorothy Della Dittman

5. Date of Birth of Child (Month, day, year) June 23, 1909

6. Sex Female **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy 8½ **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry John Dittman
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie Fietzer
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Dr. Stewart (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Dittman Signature
St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of May, 19 42

(SEAL) Mary E. Eldon Notary Public, residing at St. Maries, Idaho
MY COMMISSION EXPIRES

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mary E. Eldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-123-028-695

346320

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346320
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Farrell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Farrell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Farrell, Ida

4. FULL NAME OF CHILD Donald Dave Dittman

5. Date of Birth of Child (Month, day, year) June 23, 1909

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 8½

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry John Dittman
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mamie Fietzer
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace ? (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Dr. Stewart (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Dittman Signature
St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of May, 19 42
(SEAL) May Hughes Notary Public, residing at St. Maries, Idaho
MY COMMISSION EXPIRES FEB. 19, 1943
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-217-001-643

346333 346333

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1602 State St
(d) Name of Hospital or Maternity Home: Hart Maternity Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Van Wick
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) ditto

4. FULL NAME OF CHILD Jessie Maxine Dunn

5. Date of Birth of Child (Month, day, year) Nov. 17th 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jess Dunn
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Davenport, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Fuller
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Emmett, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Dr Woodwaed (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian F Dunn Signature

P. O. Address

Subscribed and sworn to before me this 25th day of May, 1942

(SEAL) J. W. Galloway Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-314, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by Maud F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-129-010-141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346359
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Iona.
(c) Street Address or R.F.D. No. None.
(d) Name of Hospital or Maternity Home: At Home.
(e) Mother's stay BEFORE delivery: IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Bonneville
(c) City Iona.
(d) Street Address or R.F.D. No. None.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Iona, Idaho.

4. FULL NAME OF CHILD Carl Alfred Thornton.

5. Date of Birth of Child (Month, day, year) July 29th, 1909

6. Sex Male. **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Thomas E. Thornton.
11. Color or Race White.
12. Age at time of THIS birth 38 yrs.
13. Birthplace American Fork, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Agriculture.

MOTHER OF CHILD

16. FULL MAIDEN NAME Betsey Adamson.
17. Color or Race White.
18. Age at time of THIS birth 37 yrs.
19. Birthplace American Fork, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housekeeping.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California. County of Los Angeles. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr. Hollister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary Killingsworth Signature
1916 Truthside Drive E. Los Angeles P. O. Address

Subscribed and sworn to before me this 17 day of May, 1942

(SEAL) Robert Delaney Notary Public, residing at Los Angeles.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-[illegible] Idaho Code Annotated.)

In and for the County of Los Angeles, State of California

Received for filing on MAY 21 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-104-029-419

346385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:** (a) County: Latah (b) City: Juliaetta
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county: 25 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (a) State: Idaho (b) County: Latah
(c) City: Juliaetta
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 49 yrs.
(f) Mother's mailing address: Lewiston, Ida.

3. **RESIDENCE OF FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD:** Dan Charles Holbrook

5. Date of Birth (Month, day, year): Aug. 4-1909

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME:** Fred L. Holbrook
11. Color or Race: White
12. Age at time of THIS birth: 25 yrs.
13. Birthplace: Centerville, Iowa (City or town) (State or foreign country)
14. Exact Occupation.....
15. Industry or Business: Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Bessie Martin
17. Color or Race: White
18. Age at time of THIS birth: 22 years
19. Birthplace: Sherman City (City or town) (State or foreign country) Michigan
20. Exact Occupation: House-wife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 3 (c) Born alive and now dead..... (d) Stillborn: 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) MAY 22 1942 (Date received) [illegible] (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** Katherine DeLacey Nurse M.D. or.....(D.O., Midwife, etc.) and address Lapwai Ida Date

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....(Related to (or) acquainted with) .....(Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....(Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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433-208 D23-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346417
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Gem (b) City: Emmett
(c) Street Address or R.F.D. No.: R.F.D. 1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Gem
(c) City: Emmett
(d) Street Address or R.F.D. No.: R.F.D. 1
(e) How long has MOTHER lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Helen Madeline McCool

5. Date of Birth of Child (Month, day, year): Jan 1 1909

6. Sex: Girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME: Robert Addison McCool
11. Color or Race: White
12. Age at time of THIS birth: 57 yrs.
13. Birthplace: Allegheney (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Hulda Carpenter
17. Color or Race: White
18. Age at time of THIS birth: 48 yrs.
19. Birthplace: Durand (City or town) Wisconsin (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. / Midwife — Address — Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 33 years, and that Mary Jane Howl (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lee McCool — Signature
Emmett 9 da. — P. O. Address

Subscribed and sworn to before me this 20th day of May 1942

(SEAL) My Commission Expires Ann L. Clark Notary Public, residing at Emmett, Ida

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-314, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Mary H. Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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331-216-027-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346418

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth** Elgie Jane Claiborne		**2. Date of Birth** (month) April (day) 16 (year) 1909	
	3. Color or Race White	**4. Sex** Female	**5. Place of Birth** a. County Jerome	b. City or Town of Birth Eden
FATHER	**6. Full Name of Father** John Alexander Claiborne		**7. State or Country of Father's Birth** Arkansas	
MOTHER	**8. Full Maiden Name of Mother** Flora Anis Davis		**9. State or Country of Mother's Birth** Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	**10. Signature of Registrant** Elgie Jane Claiborne Swenson	**11. Present Address of Registrant**	
NOTARY (Seal)	Subscribed and sworn to before me on April 11 1966	**12. Signature of Notary** Mary Gharguen	**13. Notary Commission expires** January 27 1969	

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: photocopy of page from Family Bible	By whom issued and signed: Family Bible record	Date Issued: ------	Date Orig. Entry: obviously old
	Date of Birth: Apr.16,1909	Birth Place: ------	Full Name of Mother: Flora	Name of Father: John A. Claiborne
SUPPORTING RECORD 2.	Type of Document: Federal Census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Apr.8,1966	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 10	Birth Place: Idaho	Full Name of Mother: Flura Clayborne	Name of Father: John Clayborne
SUPPORTING RECORD 3.	Type of Document: photocopy of social security application #518-22-7152	By whom issued and signed: Social Security Adm.	Date Issued: applicant was 32 yrs. old at time (about 1941)	Date Orig. Entry:
	Date of Birth: Apr.16,1909	Birth Place: Eden, Jerome County, Idaho	Full Name of Mother: Flora Annas Davis	Name of Father: John Alexander Claiborne
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: June 17, 1966

FORM BH 56067

DELAYED

346418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Eden
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Eden
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Eden, Idaho

4. FULL NAME OF CHILD Elgie Jane Claiborne

5. Date of Birth of Child (Month, day, year) April 16-1910

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Alexander Claiborne
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Salem (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Amis Davis
17. Color or Race white **18.** Age at time of THIS birth 26 yrs.
19. Birthplace St. Ledger (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by John A. Claiborne (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Ida Davis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Alexander Claiborne Signature
Hagerman, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of May, 1942
(SEAL) M. E. Peterson Notary Public, residing at Bonneville, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Mary E. Peterson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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469-213-036.415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346465
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Viora Morgan

5. Date of Birth of Child (Month, day, year) October 13, 1909

6. Sex Female **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David W. Morgan
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leah Davis
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 52 years, and that Mrs. Rachel Williams (First name) (Last name) who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Hazel M. Evans Signature
Malad City, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of May, 1942
(SEAL) John H. McAllister by D. D. Jones Notary Public residing at Malad, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code [illegible])

Received for filing on MAY 21 1942 by Mabel H. Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-114-503-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346478
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 646 No 8th Ave
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello.
(d) Street Address or R.F.D. No. 646 No 8th Ave
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Ida.

4. FULL NAME OF CHILD John Napoleon Patton

5. Date of Birth of Child (Month, day, year) June 14. 1909.

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Jefferson Patton
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Franklin Idaho (City or town) (State or foreign country)
14. Exact Occupation Machanist Helper
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bernice Josephine Caderette.
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Saginaw, Michigan. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above and that personal particulars were furnished by Bernice J. Patton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature William F. Howard M.D. ~~Midwife~~ Address Pocatello Idaho Date 5/12/42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Mabel Weisler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-115-040-417

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346480
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County SHOSHONE (b) City MULLAN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County SHOSHONE
(c) City MULLAN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) MULLAN IDAHO

4. FULL NAME OF CHILD PAUL BARTHELOMEW GIACHINO

5. Date of Birth of Child (Month, day, year) JAN. 15, 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN GIACHINO
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace SPARONE (City or town) CANAVEZI ITALY (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MADDALENA MAGNINO
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace SPARONE (City or town) CANAVEZI ITALY (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Must remember (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address MULLAN IDAHO Date

State of IDAHO
County of SHOSHONE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Maddalena Giachino Signature
Mullan Idaho P. O. Address

Subscribed and sworn to before me this 21st day of May, 1942

(SEAL) Notary Public, residing at Notary Public Residing at MULLAN, IDAHO
My Commission expires March 15, 1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mabel Wilson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

546-101-014-921

346490

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett Ida.

4. FULL NAME OF CHILD Arnold Patrick Edvalson

5. Date of Birth of Child (Month, day, year) Jan 1, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 10 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl Patrick Edvalson
11. Color or Race white **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Knallabenning Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cecilia Isaacson
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Union } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 33 years, and that the midwife (First name) (Last name), who attended this birth ~~(Is now deceased)~~ or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl Patrick Edvalson Signature
Union Ore P. O. Address

Subscribed and sworn to before me this 19th day of May, 1942
(SEAL) Jane A. Smith Notary Public, residing at Union Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MAY 22 1942

Received for filing on ..... by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-221-029-817

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346507
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years 9 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Juliaetta, Idaho

4. FULL NAME OF CHILD Byrnece Doris Larson

5. Date of Birth of Child (Month, day, year) October 21, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis Simon Larson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Genesee (City or town) Idaho (State or foreign country)
14. Exact Occupation Bookkeeper in General Merch.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Hagen
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that Dr. Robert Foster (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amanda H. Larson — Signature
220 Chestnut St. — P. O. Address

Subscribed and sworn to before me this 18 day of May, 1942.
(SEAL) E. L. Thompson — Notary Public, residing at Moscow Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-111-042-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346513
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Hansen
(c) ~~Street~~ Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: Rural home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Hansen
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Hansen, Ida

4. FULL NAME OF CHILD Alfred Benjamin Calkins

5. Date of Birth of Child (Month, day, year) 5-11-1909

6. Sex boy **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter John Calkins
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Shaukee (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Henrietta Barnes
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Bedford (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown to me

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Henrietta Calkins (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature W. G. Cike M.D. ~~Midwife~~ Address Oakland Calif Date 5/12/42

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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942-221-040-465

346541

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? about 5 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace, Idaho

4. FULL NAME OF CHILD Zelpha Valera Rosamond Russell

5. Date of Birth of Child (Month, day, year) Oct. 21, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Abbott Russell
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Joplin (City or town) Missouri (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Allie Rosamond Montgomery
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 33 years, and that Dorothy Cooper (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

brother Robert Ralph Russell Signature
910 - Sequoia, Boise P.O. Address

Subscribed and sworn to before me this 14 day of May, 1942.
(SEAL) Rose Goldstein Notary Public, residing at Bakersfield
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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912-104-011-693

346565

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No. Rural, Cow Creek
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 16 years 4 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Near Bonners Ferry, Idaho
(d) Street Address or R.F.D. No. Rural, Cow Creek
(e) How long has **MOTHER** lived in Idaho? 1893 yrs.

3. RESIDENCE OF FATHER (city, state) Bonners Ferry, Idaho

4. FULL NAME OF CHILD James Michael Rabdau

5. Date of Birth of Child (Month, day, year) June 4, 1909

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd 1st. **8.** No. months of Pregnancy 7 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Oliver Rabdau
11. Color or Race French **12.** Age at time of THIS birth 40 yrs.
13. Birthplace ~~Xxxxxxx~~ (City or town) State of New York ? (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Fitzpatrick
17. Color or Race White, Irish **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Strabally (City or town) Ireland (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature Mrs. Heinez, Nurse M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 32 yrs. 11 mo. years, and that Mrs. C. L. (First name) Heinez (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Rabdau
Signature
290 Evergreen Road, Veradale, Wash.
P. O. Address

Subscribed and sworn to before this 22nd day of May, 1942.

(SEAL) Frank Drong Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-107-044-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346586
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years / months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? / yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Wilbur Edward Wellman

5. Date of Birth of Child (Month, day, year) 7-Nov-1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Percy Wellman
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Douglas Co (City or town) Colorado (State or foreign country)
14. Exact Occupation Teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Golda May Williams
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Eugene (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Utah
County of Uintah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 33 years, and that Midwifa-Hance (First name) Williams (Last name) who attended this birth Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank P. Wellman ..... Signature
Jensen - Utah ..... P. O. Address

Subscribed and sworn to before me this 19 day of May, 1942.
(SEAL) J. L. Noel, Uintah County Clerk, Notary Public, residing at Vernal, Utah.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mary Reeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1942

MAR 12 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

984-128-042-289

346592

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin falls (b) City Kimberly
(c) Street Address or R.F.D. No. R. F. D
(d) Name of Hospital or Maternity Home: Home at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin falls
(c) City Kimberly
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ronald Shibley Ryman

5. Date of Birth of Child (Month, day, year) March 28-1909

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Andrew Ryman
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Rockwood Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Velma Shibley
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Shibley Point Missouri (City or town) (State or foreign country)
20. Exact Occupation wife
21. Industry or Business wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Iowa
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 33 years, and that Dr Morgan (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Velma Shibley Ryman Signature
401 N. Court St. Fairfield Iowa P. O. Address

Subscribed and sworn to before me this 23rd day of May, 1942.
(SEAL) Grace M. Lagay Notary Public, residing at 201 N. Adams Fairfield, Iowa
(Note: Perjury is punishable as a felony in Idaho, Sec. 17-1512, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by ..., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-105-028-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346594
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 19 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Idaho

4. FULL NAME OF CHILD Oliver August Bloomster

5. Date of Birth of Child (Month, day, year) July 5, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Nicholas Bloomster
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Braddtorp, Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Myrta Johnson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Arlington Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 32 years, and that Dr. Dwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A. N. Bloomster — Signature
R.F.D. #2, Coeur d Alene, Idaho — P. O. Address

Subscribed and sworn to before me this 21st day of May, 19 42.

(SEAL) W. B. McCartney — Notary Public, residing at Coeur d Alene, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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842-203-016-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346599
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Cassia (b) City: Island
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Cassia
(c) City: Island
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Island, Id.

4. FULL NAME OF CHILD Alice Marie Huston

5. Date of Birth of Child (Month, day, year) Oct. 3, 1909

6. Sex F. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 1 8. No. months of Pregnacy Reg. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Earl Clifford Huston
11. Color or Race Wh. 12. Age at time of THIS birth 27 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Elizabeth Graham
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Dr. A. F. O. Nielson M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr. A. F. O. Nielson (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Elizabeth Graham Huston Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of May, 19 42

(SEAL) Murray Wilson Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

912-210-036-553

346607

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Mink Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: H
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Same as above

4. FULL NAME OF CHILD De Rella Chlo Rasmussen

5. Date of Birth of Child (Month, day, year) June 10, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hans C. Rasmussen
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Matilda Nelsen
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Oxford, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 32 years, and that Mrs (First name) Peterson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

nancy matilda nelson Rasmussen Signature

Preston, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of May, 1942

(SEAL) Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-102-006-617

346627

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Idaho

4. FULL NAME OF CHILD Leonard Elmer Harker

5. Date of Birth of Child (Month, day, year) June 2, 1909

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ernest Harker
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Taylorville (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie Lou Wagner
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Cleveland (City or town), Tennessee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, Stillbirth) at M. on the date and at the place stated above, and that personal particulars were furnished by Mamie Harker (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Estum Cutler M.D. ~~Midwife~~ Address Shelley, Ida. Date 5/16/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-206-235-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346633
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. Adams
(d) Name of Hospital or Maternity Home: Residence home
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Lewiston
(d) Street Address or R.F.D. No. Adams
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Iowa

4. FULL NAME OF CHILD Eva Grace Manley

5. Date of Birth of Child (Month, day, year) 10/ 6 / 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Franklin John Manley
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Telegraph operator
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Valeria Brant
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Green county, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Dr. Jennie Gable (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Valeria Schaefer Signature
432 N. Thompson, St. Hemet, California P. O. Address

Subscribed and sworn to before me this 15th day of May, 1942
(SEAL) Mildred Perin Notary Public, residing at Hemet, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-228-016-419

346662

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346662
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. R.F. D.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD Thelma Malone Pickett

5. Date of Birth of Child (Month, day, year) June, 28 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oliver Benjamine Pickett
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lake Town, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer, Stockman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amar Elizabeth Marcus
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Junction City, Louisana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 33 years, and that A. F. O. (First name) Nielson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Liana P. Hall
Signature

So. Overland, Burley, Idaho
P. O. Address

Subscribed and sworn to before me this 26 day of May, 1942

(SEAL) C. N. Nielson Notary Public residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mark F. Feldman, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-228-032-253

MAY 29 1942

346694

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346694
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Jerome
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Jerome
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Jerome, Idaho

4. FULL NAME OF CHILD Florence May Bloom

5. Date of Birth of Child (Month, day, year) April 28, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 8 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Treat Bloom
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Monroe (City or town) Wisconsin (State or foreign country)
14. Exact Occupation
15. Industry or Business Piper & Bloom Livery

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily May Kelly
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Toronto (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living one.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Dr. Edward D (First name) Piper (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs George Treat Bloom Signature
Boise-Idaho P. O. Address

Subscribed and sworn to before me this 27 day of May, 1942

(SEAL) William A. Hickey Notary Public, residing at Boise, Idaho
My Commission expires 4-19-44

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Maurel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-223-034-712

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346706
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 1 3/4 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Idaho

4. FULL NAME OF CHILD LEONE BLACK

5. Date of Birth of Child (Month, day, year) January 23, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel Edward Black
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Morgan City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Plasterer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lavinia Mary Paskett
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Henefer (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business School teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the oldest sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 33 years, and that Viola (First name) Mix (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nilace B. Perry — Signature
105 maple St, Rupert, Idaho. — P. O. Address

Subscribed and sworn to before me this 25th day of May 1942

(SEAL) Clerk of District Court in Minidoka County, Idaho — Notary Public, residing

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by Mrs. [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advanced payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-109-016-453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346713
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette R 1
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At home residence
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years 11 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City near Payette R F D 1
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD Ralph Edgar Boor

5. Date of Birth of Child (Month, day, year) 9-9-1909

6. Sex Male

7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Edgar Boor
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Tulip (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming near Payette, Idaho
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Mabel Melcher
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Platte, (City or town) South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Edith Melcher Boor (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature W T O Updale M.D. ~~Midwife~~ Address Mod Mor Date 5-18-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mary Reuben, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-114-001-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346804
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Pearl
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Pearl
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Pearl

4. FULL NAME OF CHILD Elmer Gay Watson, Jr.

5. Date of Birth of Child (Month, day, year) Dec. 14 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elmer Gay Watson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Mound Valley (City or town) Kansas (State or foreign country)
14. Exact Occupation Building Contractor
15. Industry or Business Building Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Irene McCabe
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Little Rock (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Dr. Clark (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Irene McCabe Watson Signature
206 West Poplar St. Walla Walla Wash. P.O. Address

Subscribed and sworn to before me this 25th day of May, 1942

(SEAL) Geo. T. Johnson Notary Public, residing at Walla Walla Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by Mabel Walker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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141-112-020 JUN 1 1942 346843

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346843
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 4 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jesse Jay Adams

5. Date of Birth of Child (Month, day, year) Feb. 12, 1909

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Preston Adams
11. Color or Race white **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Bruno, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Mae Warnell
17. Color or Race white **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Toronto, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 33 years, and that MRS (First name) HUNDA (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ida Mae Adams Signature
Rt #1, Boise Idaho P. O. Address

Subscribed and sworn to before me this 1 day of June, 1942.
(SEAL) Cecil Ennis Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Maurl F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 184

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-231-011-213

346869

346869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Bonners Ferry Idaho

4. FULL NAME OF CHILD EVA MARION GRAFF

5. Date of Birth of Child (Month, day, year) 7/31/1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl Adolph Graff
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Shoe Repairer Planing Mill
15. Industry or Business Sawmill

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Helen Saterlund
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Cambridge (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of MINNESOTA
County of HENNEPIN } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for ..... years, and that DR. FRY (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

B. S. ERICKSON
Notary Public, Hennepin County, Minn.
My Commission Expires Feb. 4, 1945.

X Mary Helen Graff Signature
2304 Bryant Ave North, Minneapolis, MINN P. O. Address

Subscribed and sworn to before me this 26 day of MAY, 1942

(SEAL) B. Erickson Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mark F. Eaton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-207-029-177

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346883
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at my home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 mo. yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lois Grace Worsley.

5. Date of Birth of Child (Month, day, year) Feb. 7. 1909.

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo. **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Allen Hayden Worsley.
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Mendota, Illinois. (City or town) (State or foreign country)
14. Exact Occupation farming.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Pearl Apperson.
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Clinton, Missouri. (City or town) (State or foreign country)
20. Exact Occupation Housekeeping.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nes-Silvol

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4: P.M. on the date and at the place stated above, and that personal particulars were furnished by Fannie Worsley. (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Missouri
County of Vernon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Fannie Worsley (Mother, etc.) mother of the person whose name appears in Item 4 above, that I am now 37 years of age, that I have known this person for all her life years, and that Dr. John Hoyt (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie Pearl Worsley Signature
Brownsville, Mo. P. O. Address

Subscribed and sworn to before me this 16 day of May, 1942
(SEAL) Maggie Dorris Notary Public, residing at Brownsville, Mo.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 28 1942 by Mabel Fielders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-203-029-266

346884

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah Co. (b) City Farmington Wash.
(c) Street Address or R.F.D. No. Route #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Farmington, Wash.
(d) Street Address or R.F.D. No. Route #1
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Latah Co. Idaho

4. FULL NAME OF CHILD Lena Elizabeth Ditmore

5. Date of Birth of Child (Month, day, year) Aug. 3, 1909

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George B. Ditmore
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Murphy (City or town) North Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Myrtle Boots
17. Color or Race white **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Woodland (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive ~~and now living~~ 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by Francis Palmer (First name) (Last name) who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature J. Dheut M.D. ~~Midwife~~ Address Farmington Wash Date 5-23-42

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 27 1942 by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-116-024V-125

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346886
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years 11 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 30 - yrs.

3. RESIDENCE OF FATHER (city, state) Cambridge, Idaho

4. FULL NAME OF CHILD Willis Burton Allison

5. Date of Birth of Child (Month, day, year) Mar. 16, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alex Allison
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Salubria (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Ellen Abernathy
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Salubria, (City or town) Idaho (State or foreign country)
20. Exact Occupation Home making
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Sr. Schmitz (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Ellen Allison Signature
Cambridge Idaho P. O. Address

Subscribed and sworn to before me this 26th day of May, 1942
(SEAL) [illegible] Notary Public, residing at Council, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-204-032-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346895
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD Georgia Margaret Merrifield

5. Date of Birth of Child (Month, day, year) Feb 4, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward George Merrifield
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Supt. of Highways
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Blakely Merrifield
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Umatilla Co. Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. Ad. Boric Ac & 1% Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 10 30 P.M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as ..... (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature N. G. Baugh M.D. ~~Midwife~~ Address Shoshone, Ida Date May 4 1942

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mabel Hudson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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981-206-001-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346901
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: BOISE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ST. LUKE'S HOSPITAL, BOISE, IDAHO
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years ---months--- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: NAMPA (b) County: Ada
(c) City: BOISE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) NAMPA

4. FULL NAME OF CHILD BERNARDINE PEARL RYAN

5. Date of Birth of Child (Month, day, year) June 6, 1909

6. Sex FEMALE **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd NO **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME PEARL SYLVESTER RYAN
11. Color or Race COLORED **12.** Age at time of THIS birth 26 yrs.
13. Birthplace CHILLICOTHE, OHIO (City or town) (State or foreign country)
14. Exact Occupation PORTER
15. Industry or Business SHOE SHINE AND BARBER SHOP

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA ELIZABETH SMITH
17. Color or Race Colored **18.** Age at time of THIS birth 16 yrs.
19. Birthplace DELPHOS, OHIO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at ST. LUKES HOSPITAL on the date and at the place stated above, and that personal particulars were furnished by ANNA RYAN WATKINS (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature PHYSICIAN-DECEASED M.D. Midwife Address 1914½ LEWIS AVE. LONG BEACH, CALIFORNIA Date 5-19-42

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I ~~have known this person for~~ XXXXXXXXXXXXXXXXXXXX years, and that PHYSICIANS NAME NOT KNOWN (First name) (Last name), who attended this birth IS DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Anna Ryan Watkins Signature
1914½ Lewis Ave, Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 23 day of May, 1942
(SEAL) Leon J. Benwell Notary Public, residing at 2073 Alamitos Ave Signal Hill Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by Mabel K. Gilbert, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-127-042-643

346970

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls

4. FULL NAME OF CHILD Archie Lamar Merrill

5. Date of Birth of Child (Month, day, year) July 27-1942

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Roy Merrill
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Smithfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude L. Fullmer
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Providence (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Dr. Morgan (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Merrill Kidman Signature
Arco Idaho P. O. Address

Subscribed and sworn to before me this 29 day of May, 1942
(SEAL) [illegible] Notary Public, residing at Arco Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 29 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253-226-006-265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347011
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN THIS county Four years Six months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Iona
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.

3. RESIDENCE OF FATHER (city, state) Iona, Idaho

4. FULL NAME OF CHILD Virginia Annie Kelly

5. Date of Birth of Child (Month, day, year) April 26, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Arza Kelly
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace American Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Metta Swenson
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Pleasant Grove, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Weber } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 33 years, and that Dr. Bridges (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Metta Swenson Kelly — Signature
449 26th St. Ogden, Utah — P.O. Address

Subscribed and sworn to before me this 27th day of May, 1942.
(SEAL) Mary Sandre — Notary Public, residing at Ogden, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-223-023457

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347015
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Gem (b) City: Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 32 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Gem
(c) City: Emmett
(d) Street Address or R.F.D. No.: 1
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Emma Lorna Dunham

5. Date of Birth of Child (Month, day, year) Feb. 23, 1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George D. Dunham
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Degen
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) Brownville, (State or foreign country) Nebr.
20. Exact Occupation H. wife.
21. Industry or Business H. wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Dr. Allen (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Dunham Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of May, 1942
(SEAL) A. H. Hilger Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Mabel Hilder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Bureau of Vital Statistics
Boise, Idaho

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-205-044-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347024
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years — months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Payette
(d) ~~Street Address or~~ R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Payette Idaho

4. FULL NAME OF CHILD Lila Lucille Henshaw

5. Date of Birth of Child (Month, day, year) Apr. 5, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Luther Levi Henshaw
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Independence (City or town) Missouri (State or foreign country)
14. Exact Occupation Railroad fireman
15. Industry or Business part time farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Milvina Gray
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Weiser (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Dr. Charles Shirley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Milvina Gray Henshaw — Signature
R#1, Box 326 Riverside, Calif. — P. O. Address

Subscribed and sworn to before me this 26th day of May, 1942

(SEAL) My Commission Expires May 18, 1944 — Geo. E. Gauchaber — Notary Public, residing at Mira Loma Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Maud Wheeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-203-040-873

347036

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 347036
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Katherine Mae Kelly

5. DATE OF BIRTH (Month, day, year) June 3, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Patrick Francis Kelly

11. Color or Race White

12. Age at time of THIS birth ..... yrs.

13. Birthplace Providence, Rhode Island
(City or Town) (State or foreign country)

14. Exact Occupation

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Marie Hill

17. Color or Race White

18. Age at time of THIS birth ..... yrs.

19. Birthplace Lincoln, Nebraska
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (Mother, etc.) (Full name), who is related to this child as ..... (Mother, etc.)

This certificate issued in accordance with 1937 Idaho Session Laws permitting certificates of birth to be issued in foster name of adopted children born in Idaho. Original record of birth filed in County of Shoshone, Idaho; certified copy filed in Bureau of Vital Statistics, Boise, Idaho; Copy of Adoption Order filed in Boise, Idaho. Dated this 2nd day of May, 1942.

26. (a) May 2, 1942 (Date received) (b) [illegible] (Registrar's signature)

25. Attendant's OWN signature F. Leo Quigley M.D. (D.O., Midwife, etc.)

and address ..... Date .....

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JUN 2 1942

MAR 16 1971

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

238-10 JUN 3 01-235

347053

United States Department of Commerce Bureau of Census

1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 347053
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
~~In Hosp. or Mat.~~ Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Richard Eugene Schoonover

5. Date of Birth (Month, day year) Aug 2, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Richard Eugene Schoonover
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Owego (City or town) New York (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Bird Stephenson
17. Color or Race White
18. Age at time of THIS birth 37 yrs
19. Birthplace Cottonwood Falls (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUN 3 1942 (Date received) (b) Maud Fedor (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie Bird Schoonover, being first duly sworn, say that I am related to (Related to (or) acquainted with) Richard Eugene Schoonover (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Annie Bird Schoonover Signature
Box 1231 P. O. Address

Subscribed and sworn to before me on this 3rd day of June, 1942, 19

(SEAL) Grace Bagley Notary Public, residing at Boise Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

345-02-04-753 JUN 3 1942 347058

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347058
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
confined in own home- (5th ave)
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 5th Ave.,
(e) How long has **MOTHER** lived in Idaho? 7 mo yrs
3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Lester James Lund

5. Date of Birth of Child (Month, day, year) 9-2-1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alfred James Lund
11. Color or Race white **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Grantsberg, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation engineer
15. Industry or Business butter maker

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Cecilia Peterson
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace St. Paul, (City or town) Minn. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7:A. M. on the date and at the place stated above, and that personal particulars were furnished by Marie Lund Orcutt (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Dr. Morgan (deceased) Address Date

State of Washington
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Dr. (First name) Morgan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(mother) Marie Lund Orcutt Signature
215- North Iron St/ Centralia, P. O. Address

Subscribed and sworn to before me this 29th day of May, 19 42
(SEAL) Maude E. Edwards Notary Public, residing at Centralia, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-109-931-381 JUN 3 1942 347073 347073

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thomas Dallas Hood

5. Date of Birth of Child (Month, day, year) May 9, 1909

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alva Fredrick Hood
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ogden Michigan (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Shaughnessy
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Seneca Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Dr George Gaignard (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Shaughnessy Hood Signature
Colville Wash. P. O. Address

Subscribed and sworn to before me this 3 day of June, 1942.
(SEAL) Dorothy M. Gray Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

739-205-028-243

347095

347095

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. No Number
(d) Name of Hospital or Maternity Home: Dale's Maternity Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. No Number
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Harrison Ida

4. FULL NAME OF CHILD Lucile Harriet Glindeman

5. Date of Birth of Child (Month, day, year) August 5-1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Peter Glindeman
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace San Francisco (City or town) California (State or foreign country)
14. Exact Occupation Secy-Treas. Ada Grain & Hdg Co.
15. Industry or Business Grain and Feeds

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza May Buchanan
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Brown's Valley (City or town) Minnesota (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for ~~26~~ 32 years, and that Dr. John Busby (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Peter Glindeman Signature
Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 4th day of June, 19 42
(SEAL) W. B. Foy Notary Public, residing at Boise Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 5, 1942 by Mabel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-227-028-659

347114

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 5 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 5/12 yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls Ida.

4. FULL NAME OF CHILD Winifred Marie Van Doren

5. Date of Birth of Child (Month, day, year) Oct. 27, 1909

6. Sex female

Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hoagland Seaton Van Doren

11. Color or Race white

12. Age at time of THIS birth 34 yrs.

13. Birthplace Leavenworth (City or town) Kansas (State or foreign country)

14. Exact Occupation Florist

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha C. E. Heuner (Heuner)

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Chicago (City or town) Illinois (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living ✓

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. Stockwell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha H. Van Doren — Signature
Post Falls, Idaho — P. O. Address

Subscribed and sworn to before me this 29th day of May, 1942

(SEAL) Grace D. Peterson — Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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234-126-039-2 9

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 347122
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1½ yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD George Daniel Blunt

5. Date of Birth (Month, day, year) Nov. 26, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Arthur Blunt
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Eberle, Illinois (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Luetta Stiner
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Elliotstown, Illinois (City or town) (State or foreign country)
20. Exact Occupation house keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 7 1949 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Oregon
County of Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Luetta Blunt being first duly sworn, say that I am Related (Related to (or) acquainted with) George Daniel Blunt (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Leroy Drake (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Luetta Blunt — Signature

Lakeview, Oregon — P. O. Address

Subscribed and sworn to before me on this 23rd day of June 1941

(SEAL) Viola Boehm — Notary Public, residing at Lakeview, Ore.

my comm. exp 3/21/41

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165-103-016-296

347124

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Joseph Ernest Jones

5. Date of Birth of Child (Month, day, year) Apr 3, 1909

6. Sex M

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnacy Reg.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Ernest Denis Jones
11. Color or Race Wh
12. Age at time of THIS birth 26 yrs.
13. Birthplace Hillard, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy J. Bronson
17. Color or Race Wh.
18. Age at time of THIS birth 23 yrs.
19. Birthplace Hillard, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Mary Peterson M.D. Midwife Address moved away no address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32+ years and that Mrs. Mary Peterson (First name) (Last name), who attended this birth moved away (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Jane Bronson Jones Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of May, 19 42
(SEAL) Nancy W. Lucker Notary Public, residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel Heider, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-218-030-613

347136

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Lemhi (b) City: Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Lemhi
(c) City: Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon Ida

4. FULL NAME OF CHILD Gladys Bennette

5. Date of Birth of Child (Month, day, year) Aug 18, 1909

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Arthur Bennette
11. Color or Race white **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriett C. Walker
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Challis Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Dr. F. W. Wright (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George A Bennette Signature
Challis Idaho P. O. Address

Subscribed and sworn to before me this 23r day of May, 1942
(SEAL) Vina Thompson Notary Public, residing at May
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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319-122-021-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347137
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at our home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Paul Bickmore Larsen

5. Date of Birth of Child (Month, day, year) Mar. 22, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jacob N. Larsen
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Paradise (City or town) Utah. (State or foreign country)
14. Exact Occupation Abstracter and Realtor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Bickmore ~~Larsen~~
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Paradise, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 34 years, and that Dr. Allen R. Cutler Sr., (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Bickmore Larsen Signature

P. O. Address

Subscribed and sworn to before me this 28th day of May, 19 42

(SEAL) Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel Fielding, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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239-222-032-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347159
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Magic
   (c) Street Address or R.F.D. No. P.P. Station
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Magic
   (d) Street Address or R.F.D. No. P.P. Town
   (e) How long has **MOTHER** lived in Idaho? Two yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Magic

4. **FULL NAME OF CHILD** Cleo Leona Strunk

5. Date of Birth of Child (Month, day, year) April 22, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Noah Wheeler Strunk
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Norwood (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rena Thompson Strunk
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Yreka (City or town) California (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business on a Farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that he delivered the child (First name) Anderson (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. F. Kelly ..... Signature
Shoshone Idaho ..... P. O. Address

Subscribed and sworn to before me this 29th day of May, 1942

(SEAL) ..... Notary Public, residing at Hazelton Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES APRIL 25, 1944

Received for filing on JUN 1 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-112-042-445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347231
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 2nd Ave., West
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 2nd Ave., West
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho.

4. FULL NAME OF CHILD Ira Samuel VanRiper

5. Date of Birth of Child (Month, day, year) Oct. 12, 1909

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Edward VanRiper
11. Color or Race white **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Monticello, (City or town) Iowa (State or foreign country)
14. Exact Occupation Plasterer
15. Industry or Business Plastering

MOTHER OF CHILD

16. FULL MAIDEN NAME Lettie Belle Duncan
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Elsworth Co., (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Lassen } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for over 33 years, and that Unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lettie Belle VanRiper Signature
P. O. Box 554, Susanville, Calif. P. O. Address

Subscribed and sworn to before me this 29th day of May, 1942.

(SEAL) E. B. Coffin Notary Public, residing at Susanville, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Mar. 14, 1943

Received for filing on JUN 1 1942 by Mabel E. Coffin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

483-125-025-463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347253
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Keuterville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Keuterville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) 13

4. FULL NAME OF CHILD John Henry Uhling Jr.

5. Date of Birth of Child (Month, day, year) Mar. 25, 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lawrence Uhling
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Cold Spring (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie B. Doty
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Albany (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Mrs. Marie Winkler, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lawrence Uhling Signature
Burbank Wash Box 132 P. O. Address

Subscribed and sworn to before me this 29th day of May, 1942.

(SEAL) Notary Public, residing at Pasco, Washington
My commission expires April 19, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 1 1942 by Mabel Hazlett, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-217-009-815

347284

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At family residence
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Ida.

4. FULL NAME OF CHILD Harriette Myrtle Solberg

5. Date of Birth of Child (Month, day, year) March 17, 1909

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Olsen Solberg
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Oslo (City or town) Norway (State or foreign country)
14. Exact Occupation Lumber yard foreman
15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertie Hansen
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Trondjhem (City or town) Norway (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Gertie (First name) Solberg (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 33 years, and that Dr. John McKinnon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Gertie Solberg Signature
Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of May, 194[illegible]
(SEAL) Carl R. Pfaff Notary Public, residing at Sandpoint Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mark H. Wilson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279-101-035635

347289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Gifford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: Home IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Gifford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vernon George Sprague

5. Date of Birth of Child (Month, day, year) Dec 9 1909

6. Sex Male **7.** Twin or Triplet / If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Camilus Sprague
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Mountain Home (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Mary Olney Sprague
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Brownville Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for ——— years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Mary Olney Sprague (Signature
R#2 Spokane Wash P. O. Address

Subscribed and sworn to before me this 27 day of May, 19 42
(SEAL) [illegible] Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-918, Idaho Code, Annotated)

Received for filing on JUN 3 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-124022-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347293
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont Co.
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idaho

4. FULL NAME OF CHILD William Fenton Carlson

5. Date of Birth of Child (Month, day, year) Sept 24 1909

6. Sex male

7. ~~Twin~~ or Triplet no — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alma Nuller Carlson
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Clarkston Utah (City or town) (State or foreign country)
14. Exact Occupation Bank Cashier
15. Industry or Business Banking

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Josephine Harding
17. Color or Race white **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Wellsville City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that Dr. George Hyde (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Matilda Carlson Signature
1329 E. 4th So. P.O. Address

Subscribed and sworn to before me this 7 day of June, 1942.
(SEAL) W. R. Anderson Notary Public, residing at Salt Lake City, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-131-014-215

347311

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City PARMA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ~~LOGAN~~ CANYON
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Parma, Idaho

4. FULL NAME OF CHILD CORWIN LeRAY WALDRON

5. Date of Birth of Child (Month, day, year) AUG. 31, 1909

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME MANLEY RAY WALDRON
11. Color or Race White **12.** Age at time of THIS birth 19 yrs.
13. Birthplace WILLOW LAKES (City or town) SOUTH DAKOTA (State or foreign country)
14. Exact Occupation CLERK
15. Industry or Business GROCERY

MOTHER OF CHILD

16. FULL MAIDEN NAME KATE SANDERSON
17. Color or Race WHITE **18.** Age at time of THIS birth 19 yrs.
19. Birthplace ROCKCREEK, (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for all his life years, and that Dr. CLUEN (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. Ray Waldron Signature
TROY, IDAHO P. O. Address

Subscribed and sworn to before me this 1st day of JUNE, 1942
(SEAL) Notary Public, residing at Troy, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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396-102-023-692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347318
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Ford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Our Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Ford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ivan Fisher Croshaw

5. Date of Birth of Child (Month, day, year) July 2 / 1909

6. Sex White **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John James Croshaw
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Ford (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Bell Fisher
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Bountiful (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 62 years of age, that I have known this person for 33 years, and that Florence Kirkham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Belle Fisher Croshaw Signature
R.F.D. #N. Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942.
(SEAL) Theo J. Turner Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mabel Fletcher, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

397-231-040-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347344
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Enaville
(c) Street Address or R.F.D. No. on ranch
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Enaville
(d) Street Address or R.F.D. No. ranch
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Olive Georgie Lightner

5. Date of Birth of Child (Month, day, year) Oct. 31, 1909

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd 5th **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oliver Goldsberrie Lightner
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Belle
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Pondera } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Mrs. E. A. (First name) midwife (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oliver Goldsberrie Lightner Signature
Valier, Montana P. O. Address

Subscribed and sworn to before me this 2nd day of June, 19 42.

(SEAL) [illegible] Notary Public, residing at Conrad, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 4 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

697-116-029-487

347353

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City JULIAETTA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City JULIAETTA
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD FRANK HENRY FIX

5. Date of Birth of Child (Month, day, year) JUNE 16th 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME IRA WILBUR FIX
11. Color or Race WHITE **12.** Age at time of THIS birth 29 yrs.
13. Birthplace JULIAETTA (City or town), IDAHO (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LIZZIE PEARL DYGERT
17. Color or Race WHITE **18.** Age at time of THIS birth 24 yrs.
19. Birthplace WOODSTOCK (City or town), ILL. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for always years, and that SARAH WEATHERBY (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ira Wilbur Fix Signature
JULIAETTA, IDAHO P. O. Address

Subscribed and sworn to before me this 1st day of JUNE, 1942
(SEAL) [illegible] Notary Public, residing at KENDRICK
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-206-005-659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347356
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Saint Joe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Harris Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Saint Joe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 months yrs.

3. RESIDENCE OF FATHER (city, state) St. Joe, Idaho

4. FULL NAME OF CHILD Arlene Marie Howard

5. Date of Birth of Child (Month, day, year) May 6, 1942

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence LeRoy Howard
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace St. Helena (City or town) California (State or foreign country)
14. Exact Occupation Construction Foreman
15. Industry or Business Chicago, Milwaukee, St. Paul & Pacific RR

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Marie Weidner
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Summit City (City or town) Michigan (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that Dr. (First name) Stewart (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Marie Howard Signature
Pendleton, Ore. P. O. Address

Subscribed and sworn to before me this 27 day of May 1942

(SEAL) Geo. S. Mason Notary Public, State of Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated)

NOTARY PUBLIC FOR OREGON
COMMISSION EXPIRES JANUARY 15, 1944

Received for filing on JUN 4 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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595-167-001-855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347369
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home (at private home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City on Farm next to Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier Idaho

4. FULL NAME OF CHILD Oscar Edward Nielsen

5. Date of Birth of Child (Month, day, year) Nov. 7, 1909

6. Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew Fredrick Nielsen
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Ursa (City or town) Denmark (State or foreign country)
14. Exact Occupation Sec foreman
15. Industry or Business on rail road

MOTHER OF CHILD

16. FULL MAIDEN NAME Johanna Kerstine Henrichsen
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Aalborg (City or town) Denmark (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by Kerstine Nielsen (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Tom Joynter **M.D.** ~~Midwife~~ Address 4691 East Talmage Dr. San Diego Calif. Date 5-30-42

State of Idaho
County of Bareboy } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 37 years, and that Dr. Pointer (M.D.) (First name) (Last name), who attended this birth cannot be located (~~Is now deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Andrew F Nielsen Signature
Soda Springs, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of May, 1942
(SEAL) S. C. Lawrence Notary Public, residing at Soda Springs, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Maud M. Nielsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

639-115-007-217

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347375
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Blaine (b) City: Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Blaine
(c) City: Arco
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) Arco, Idaho

4. FULL NAME OF CHILD Seth Thomas Oliver

5. Date of Birth of Child (Month, day, year) Jan. 15, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Thomas Oliver
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace North Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Ellen Baxter
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Aurora, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Dr. Stevens (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Ellen Oliver — Signature
Pocatello Idaho — P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1942.
(SEAL) [signature] Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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397-101-016-996

347392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CASSIA (b) City OAKLEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County CASSIA
(c) City OAKLEY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD MITCHEL TIPTON [redacted]

5. Date of Birth of Child (Month, day, year) APRIL 1, 1909

6. Sex M **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME ZEKE TIPTON
11. Color or Race W **12.** Age at time of THIS birth 35 yrs.
13. Birthplace TENNESSEE (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY PROFIT
17. Color or Race W **18.** Age at time of THIS birth 31 yrs.
19. Birthplace TENNESSEE (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of CEM } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the STEP-FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 33 years, and that F. P. OLDHAM (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

G. L. Frost Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1942
(SEAL) Ora Parrish Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CASSIA (b) City OAKLEY
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
OAKLEY HOSPITAL
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City OAKLEY
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Ida.

4. FULL NAME OF CHILD MITCHELL TIPTON

5. Date of Birth of Child (Month, day, year) April 1, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** EZEKIAL TIPTON
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace UNICORN (City or town) TENNESSEE (State or foreign country)
14. Exact Occupation LA BORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ALICE GRAY
17. Color or Race WHITE
18. Age at time of THIS birth 42 yrs.
19. Birthplace YANCEY (City or town) NORTH CAROLINA (State or foreign country)
20. Exact Occupation HOUSE-WIFE
21. Industry or Business

~~22. Name prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of GEM } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 44 years, and that E. P. OLDHAM, M.D. (First name) (Last name), who attended this birth is deceased, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ezekial (his x mark) Tipton .....Signature

EMMETT, IDAHO .....P. O. Address

Subscribed and sworn to before me this 7th day of December, 19 43

(SEAL) Geo. C. Thrasher .....Notary Public, residing at Emmett, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-12-1039-412

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347401
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County POWERS (b) City AMERICAN FALLS
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County POWERS
(c) City AMERICAN FALLS
(d) Street Address or R.F.D. No. RURAL
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Harry Ivan Snavely

5. Date of Birth (Month, day year) 12-22-1909

6. Sex MALE **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JOHN HINKLEI SNAVELY
11. Color or Race WHITE **12.** Age at time of THIS birth 47 yrs.
13. Birthplace LEBANON (City or town) INDIANA (State or ~~foreign country~~)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME NELLIE JANNETTE MAKINSON.
17. Color or Race WHITE **18.** Age at time of THIS birth 35 yrs.
19. Birthplace ST MARIES (City or town) WEST VIRGINIA (State or foreign country)
20. Exact Occupation POTTERY WORKER.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 4 1942 (Date rec'd) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ada Blue, being first duly sworn, say that I am related (Related to (or) acquainted with) to Harry Ivan Snavely (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Ada Blue. Signature
Farmington, Washington P. O. Address

Subscribed and sworn to before me on this 2nd day of June, 19 42
(SEAL) [illegible] Notary Public, residing at Farmington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-112-001-219 347441

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347441
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian, Idaho
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: On farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 3 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Ida

4. FULL NAME OF CHILD Charley L. Finch

5. Date of Birth of Child (Month, day, year) December 12, 1909

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Richard Napolian Boneparte Finch
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Bair
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Plainville, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know what was used

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that Doctor Paine (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Bair Finch Signature

Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of May, 19 42.

(SEAL) [signature] Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

216-205-029-753

347447

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347447
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Main Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Main Street
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Pearl Dorothy Sawyer

5. Date of Birth of Child (Month, day, year) Nov. 5, 1909

6. Sex female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Earl Corwin Sawyer
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Joplin (City or town) Missouri (State or foreign country)
14. Exact Occupation Drayman
15. Industry or Business Transfer

MOTHER OF CHILD

16. FULL MAIDEN NAME Lulu Belle Peterson
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Clerks Hill (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Joseph (First name) Asprey (Last name) M.D., who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lulu Belle Sawyer Signature
R. 3 Moscow Ida. P. O. Address

Subscribed and sworn to before me this 29 day of May, 1942
(SEAL) Myrna [redacted] Notary Public, residing at Moscow
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by Mary F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-118019-763 347450

347450

United States
Department of Commerce
Bureau of the Census JUN 9 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No. no Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years — months · days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City [redacted] Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vance Arnold Bennett

5. Date of Birth of Child (Month, day, year) Nov. 19 1909

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Edward Bennett
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Lafayette (City or town) Iowa (State or foreign country)
14. Exact Occupation Funeral Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Althy Patrick
17. Color or Race White 18. Age at time of THIS birth 46 yrs.
19. Birthplace Madison County (City or town) Ohio (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 78 years of age, that I have known this person for 32 years, and that Dr Baker (First name) (Last name), who attended this birth no now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Edward Bennett Signature
Everett Wash, 3623 Rockwood P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942
(SEAL) [illegible] Notary Public, residing at Everett
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 4 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234-111-003-239

347464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: Born Here
IN THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) McCammon, Idaho

4. FULL NAME OF CHILD Francis Stinger Blundell

5. Date of Birth of Child (Month, day, year) June 11, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Blundell
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Tobacco Salesman
15. Industry or Business American Tobacco Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Emily Stinger
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Salt Lake Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 33 years, and that Dr. George Cooper (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Pearl Smith
Signature

139 N. Grant, Pocatello, Idaho
P. O. Address

Subscribed and sworn to before me this 3d day of June, 1942

(SEAL) Helen Lanning Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

816-128-029-118

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347467
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 512 W. 7 St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) ~~Street Address~~ or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Maxwell Jay Hawks

5. Date of Birth of Child (Month, day, year) 7/28/09

6. Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Stephen Abraham Hawks
11. Color or Race White **12.** Age at time of THIS birth 50 yrs.
13. Birthplace Virginia U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Betty May Jay
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Illinois U.S.A. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 43 years of age, that I have known this person for 32 years, and that W. L. Clarke (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elbert Lionel Hawks Signature
1017 W 10th St. Medford Oreg. P. O. Address

Subscribed and sworn to before me this 12 day of February, 1942.
(SEAL) E. C. Faber Notary Public, residing at Central Pt. Or
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. expires Sep 29-45

Received for filing on JUN 6 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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281-101-010-855

347504

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years 8 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 Mo ~~yrs.~~
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Robert Linden Shannon
5. Date of Birth (Month, day year) January 1-1909
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Edgar Turk Shannon
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Bevington (City or town) Iowa (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Alta Clara Henderson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Anita (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3:10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Alta (First name) Shannon (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 5 1942 (Date received) (b) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature [illegible] M.D. (D.O., Midwife, etc.)
and address Idaho Falls Idaho Date Aug 5, 1941

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature
P. O. Address

Subscribed and sworn to before me on this day of , 19
(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-231-038234 Social Security No. 498-01-[illegible]

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347520
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 Months yrs.

3. RESIDENCE OF FATHER (city, state) 6 months

4. FULL NAME OF CHILD Ruth Elizabeth Howe.

5. Date of Birth of Child (Month, day, year) Aug. 31. 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Harvey F Howe
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Johnson Co. Mo (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Zetta Ann Slusher
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Floyd (City or town) Virginia (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. **Name prophylactic used to prevent Ophthalmia Neonatorum**

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living [illegible]

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Missouri
County of Lafayette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that the Dr. is deceased (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Zetta Ann Howe Signature
Warrensburg Mo P. O. Address

Subscribed and sworn to before me this 28th day April 1942, 19

(SEAL) [illegible] Notary Public, residing at Higginsville, Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by Mark Hessler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-226-038-855

347531

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. 2nd Ave S
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. 2nd Ave S
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD Virginia Lee Trevey

5. Date of Birth of Child (Month, day, year) 2/26/09

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Broadhead Trevey
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace New Hope (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Ida Henry
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace O'Fallon (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Dr O St Avey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Trevey Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of June, 1942

(SEAL) Margaret Smoke Notary Public, residing at Emmett, Idaho
My commission expires Oct 13, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-201-001-912

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 347545
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1012 Sherman Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 5 years 4 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1012 Sherman Street
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address 1012 Sherman Street

3. RESIDENCE of FATHER (city, state): Boise, Idaho

4. FULL NAME OF CHILD Dorothy Elaine Hunter

5. Date of Birth (Month, day, year) November 1, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John William Hunter
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Trainman
15. Industry or Business Electric Railway

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Marie Rasmussen
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Mt. Pleasant, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Credes Sol.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Hunter (First name) (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) JUN 5 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature John Boots M.D. (D.O., Midwife, etc.) and address Boise Ida. Date June 1 42

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

____ Signature
____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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812 - 209 - 035 395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347552
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Nez Perce (b) City: Gifford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Nez Perce
(c) City: Gifford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Gifford Idaho

4. FULL NAME OF CHILD Ida Mae Hassinger

5. Date of Birth of Child (Month, day, year) Sept 9-1909

6. Sex F **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frederick C. Hassinger
11. Color or Race: white **12.** Age at time of THIS birth: 23 yrs.
13. Birthplace: Chuckyam (City or town) Wis. (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel C. Lumsden
17. Color or Race: w **18.** Age at time of THIS birth: 21 yrs.
19. Birthplace: Lewiston (City or town) Idaho (State or foreign country)
20. Exact Occupation: Housefr
21. Industry or Business: —

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None

23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1030 P.M. on the date and at the place stated above, and that personal particulars were furnished by Fred C. Hassinger (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature E. E. Watts M.D. Midwife Address Gifford Date 1-8-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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762-193-029-719

347554

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County La Tah (b) City Moscow
(c) Street Address or R.F.D. No. Jefferson
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County La Tah
(c) City Moscow
(d) Street Address or R.F.D. No. Jefferson St.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Rufus Clyde Gossett Changed to Bayman by Court Order*

5. Date of Birth of Child (Month, day, year) Feb 13-1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME James Nathaniel Woodford Gossett
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Near Stella (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie May Farren
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Near Stella (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living all

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.) *Order Granting Change of Name #12878 in Superior Court of Yakima County, State of Washington, dated June 15, 1942 attached to this certificate on file Boise, Idaho

25. Attendant's **OWN** signature M.D.

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 33 years, and that Dr. - Clark (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Gossett Willey Signature
4223 Evanston ave. Seattle. Wash. P.O. Address

Subscribed and sworn to before me this 3 day of June, 1942
(SEAL) Notary Public, residing at Seattle, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON, FOR YAKIMA COUNTY.

IN THE MATTER OF THE CHANGE OF NAME of RUFUS CLYDE GOSSETT.	No. 12378 ORDER GRANTING CHANGE OF NAME.

THIS MATTER having duly and regularly come on for hearing this day upon the petition of Rufus Clyde Gossett for change of his name, and the court having heard the evidence and being satisfied that said petitioner resides in Yakima County, Washington, and that he desires a change of name as petitioned for herein and that said petition is proper and the said change of name should be granted and allowed, and the court being fully advised in the premises and being satisfied that it has full jurisdiction herein,

NOW, THEREFORE, IT IS HEREBY ORDERED that the name of Rufus Clyde Gossett, petitioner herein, is hereby changed to Rufus Clyde Bayman, and that henceforth the said new name shall be in place of the said former name, and that all right, title and property owned or held by the said petitioner under his former name shall hereafter accrue to and be held by his under his said new name as changed.

DONE IN OPEN COURT this 15th day of June, 1942.

Court Commissioner

PRESENTED BY:

LLOYD D. [illegible]

JUL 3 1942

244-218-003-415

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

347616

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bannock
City of Alexander
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Genevieve Elizabeth Budrow

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth April 18, 1909 (Month, Day, Year)

FATHER

9. Full name James Carlyle Budrow

10. Residence (usual place of abode) (If non-resident, give place and state) Alexander, Idaho

11. Color or race White | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) Rochester (State or Country) New York

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Emma Davis

19. Residence (usual place of abode) (If non-resident, give place and State) Alexander, Idaho

20. Color or race White | 21. Age at last birthday 38 (years)

22. Birthplace (city or place) Clifton (State or Country) Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrat of Silver

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of Stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 3:5 m. on the date above stated.

(Signed) Ellis Karstens, M. D.

or ....., Midwife

Address Soda Springs Idaho

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed MAY 18 1909 193.... M. D. Mahler Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

489-208-039-417

347650

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 6 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) American Fall

4. FULL NAME OF CHILD LILLIAN LEONA UHRICH

5. Date of Birth of Child (Month, day, year) Aug. 8, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Albert August Uhrich
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Bloomington, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Dorothea Magdalena Walter /
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Frank Christofski, Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that Dr. Kroth (First name) (Last name), who attended this birth is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Mortensen Signature
2518 S Gladys Sun Gabriel P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942

(SEAL) My com. exp. 9-1-42 Notary Public, residing at Alhambra, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Mabel Hedlund, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-110-038-417

347653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD Orrin Hugh Vandever

5. Date of Birth of Child (Month, day, year) Feb. 10, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Arthur Vandever
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Jones County Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Armilda Laura Maxwell
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Clayton Minn. (City or town) (State or foreign country)
20. Exact Occupation Cook
21. Industry or Business House Keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 3, above, that I am now 64 years of age, that I have known this person for 33 years, and that Doctor's name unknown (First name) (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Arthur Vandever Signature
952 East 34th Tacoma Wash. P. O. Address

Subscribed and sworn to before me this 25th day of April, 1942
(SEAL) H. G. H. Sprague Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

6 89-1 28 · 021-4/65 JUN 8 1942

347680

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 146
Reg. Dist. No. 341

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at family residence
(e) Mother's stay **BEFORE** delivery: IN THIS county 20 years 10 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Franklin Idaho

4. FULL NAME OF CHILD Cornel Monson Whitehead

5. Date of Birth of Child (Month, day, year) May 28-1909

6. Sex Boy **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William James Whitehead
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sara Monson
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation House work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sara Monson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature G. W. Stalos M.D. ~~Midwife~~ Address Preston Idaho Date May 28-1909

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 6-6-1942 by Effie W. Brower, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-011-024-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347704
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Wendell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Country Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 Mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Marion Margret Jackson

5. Date of Birth of Child (Month, day, year) 4-11-09

6. Sex Female **7.** Twin or Triplet No If so—born ~~1st, 2nd~~, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harry Elmer Jackson
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Milford (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lenna M. Jackson
17. Color or Race White **18.** Age at time of THIS birth 43 yrs.
19. Birthplace Decatur Co. (City or town) Indiana (State or foreign country)
20. Exact Occupation Farmer's daughter
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 4-4-09 (Born alive, ~~stillborn~~) at 9.30 a.M. on the date and at the place stated above, and that personal particulars were furnished by Harry Elmer Jackson (First name) (Last name), who is related to this child as Father (~~Mother~~, etc.)

25. Attendant's **OWN** signature Dr. McCombs M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 33 years, and that Harry E. Jackson (First name) (Last name) ~~who~~ attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry E Jackson Signature
1365 Chemeketa P.O. Address

Subscribed and sworn to before me this 16 day of May, 1942

(SEAL) H. Ulrich Notary Public, residing at Salem Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commn Expires 12-15-42

Received for filing on JUN 11 1942 by Mina Helfrey, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

559-108-014-386

347748

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 11 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347748
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City BRAMWELL
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City BRAMWELL
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) BRAMWELL, IDAHO

4. FULL NAME OF CHILD ELMER REVON NEIBAUR

5. Date of Birth of Child (Month, day, year) Oct. 8, 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOSEPH SIDNEY NEIBAUR
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace PARIS (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME SUSAN MYRTLE THOMSON
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace GRANITE (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE-WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Mary Hoagland (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Susan Myrtle Neibaur / Signature
143 Thatcher, Boise, Ida. / P. O. Address

Subscribed and sworn to before me this 10th day of June, 1942
(SEAL) W. B. Fox Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1942 by Maud F. Calder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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266-113-021-155

347757

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 347757

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Franklin
City of Weston
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Leslie LeRoy Bowden

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Sept - 13 - 1909 (Month, Day, Year)

FATHER

9. Full name Leslie William Bowden

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race White | 12. Age at last birthday ..... (years)

13. Birthplace (city or place) (State or Country) Brigham city Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work lifetime

MOTHER

18. Full maiden name Esther Drusilla Jenks

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race white | 21. Age at last birthday ..... (years)

22. Birthplace (city or place) (State or Country) North Ogden Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at Home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Marcy E. Beckstead, ~~M. D.~~
or ....., Midwife
Address Preston Idaho

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

Filed JUN 10 1942, 193.... Mary E. Leder
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B. In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUN 1 2 1942

DELAYED

385-225-023-296 347766 **347766**

United States Department of Commerce Bureau of the Census — JUN 12 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ____
Local Reg. No. ____
Reg. Dist. No. ____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Gem (b) City: Sweet
(c) Street Address or R.F.D. No.: Sweet
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Gem
(c) City: Sweet
(d) Street Address or R.F.D. No.: Sweet
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Sweet, Idaho

4. FULL NAME OF CHILD Margarete Francelia Lynch

5. Date of Birth of Child (Month, day, year) April 25, 1909

6. Sex Female **7.** Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____ **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME George Harvey Lynch
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace: Horseshoe Bend (City or town), Idaho (State or foreign country)
14. Exact Occupation: Farming
15. Industry or Business: Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME MayBelle Brown
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace: Idaho City (City or town), Idaho (State or foreign country)
20. Exact Occupation: House wife.
21. Industry or Business: House wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho, County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 33 years, and that Dr (First name) Stephens (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs MayBelle Brown Lynch — Signature
820 7th North, Nampa — P. O. Address

Subscribed and sworn to before me this 11th day of June, 1942

(SEAL) Maud Hern — Notary Public, residing at Nampa Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Maud Hern, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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343-126-021-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347781
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Franklin (b) City: Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Franklin
(c) City: Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Morton Cutler

5. Date of Birth of Child (Month, day, year) 6-26-09

6. Sex: male **7.** Twin or Triplet: Twin If so—born 1st, 2nd, 3rd: First **8.** No. months of Pregnacy: 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Allen Riley Cutler Sr.
11. Color or Race: white **12.** Age at time of THIS birth: 46 yrs.
13. Birthplace: American Fork Canyon (City or town) Utah (State or foreign country)
14. Exact Occupation: Physician & Surgeon
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy May Hardy
17. Color or Race: white **18.** Age at time of THIS birth: 35 yrs.
19. Birthplace: Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: argyrol
23. Number of children of this mother: (a) At time of birth and including this child: 10 (b) Born alive and now living: 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Step-Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Allen (First name) Cutler Sr. (Last name) who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Malinda R. Cutler Signature
26 N. 1st East Preston Ida P. O. Address

Subscribed and sworn to before me this 28 day of May, 1942
(SEAL) Notary Public, residing at Preston Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A. R. CUTLER, M.D.
SURGERY
GOITRE
ORTHOPEDICS

O. R. CUTLER, M.D.
PEDIATRICS
INTERNAL MEDICINE
OBSTETRICS

THE PRESTON CLINIC

MEDICAL ARTS BUILDING

PRESTON, IDAHO

S. S. EVANS, D.D.S
ASSOCIATE MEMBER
ORAL SURGERY

June 5, 1942

Bureau of Vital Statistics
Boise
Idaho

Dear Sir:

There was no one else present at the time of my birth besices my Step Mother and my father who could sign the birth certificate. She was well acquainted with the facts at the time of my birth for she assisted with the delivery.

Yours truly,

Morton Cutler M.D.

Morton Cutler M.D.

MC:dp

285-117-007-366

347811

United States
Department of Commerce
Bureau of the Census

JUN 9 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 24
Local Reg. No.
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Life yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Harold Raymond Sherry

5. Date of Birth of Child (Month, day, year) 3-17-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Cornelius Sherry
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Jersey (City or town) Channel Islands (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Cornelia Cooper
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 4A M. on the date and at the place stated above, and that personal particulars were furnished by Catherine C. Sherry (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for all life years, and that Dr. W. E. Klimenin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine C. Sherry — Signature
Hailey, Idaho — P. O. Address

Subscribed and sworn to before me this 5th day of June, 19 42

(SEAL) [signature] Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2-20-1942 by Robert H. Wright [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-206-022-464

347828

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Victor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Victor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Teresa Kimball (~~new Teresa Morris~~)

5. Date of Birth of Child (Month, day, year) 2-6-1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Archie R. Kimball
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie May Dougherty
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Fridley Montana (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for life years, and that Mrs. Owen Curtis (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie May Kimball Signature
Parker, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of June, 1942

(SEAL) Notary Public, residing at St. Anthony

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mabel H. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-110-032-249

347831

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln, (b) City Jerome,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home,
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11- months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Jerome,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11Ms yrs.

3. RESIDENCE OF FATHER (city, state) Jerome, Idaho

4. FULL NAME OF CHILD Wayne Zealous Burkhead,

5. Date of Birth of Child (Month, day, year) Sept. 10th 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9-

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** O. Z. Burkhead
11. Color or Race Amer.-W-
12. Age at time of THIS birth 32 yrs.
13. Birthplace Brandon, (City or town) Iowa. (State or foreign country)
14. Exact Occupation Banker.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alta May Burkhead
17. Color or Race Amer.-W-
18. Age at time of THIS birth 23 yrs.
19. Birthplace Grundy Center, (City or town) Iowa. (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IOWA ---
County of MARSHALL- } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 --- years of age, that I have known this person for 32- years, and that Dr. (First name) Piper, (Last name) Jerome, Idaho, who attended this birth Do Not Know (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Alta May Burkhead Signature
Clemons, Iowa. P.O. Address

Subscribed and sworn to before me this 21st day of February, - - - -, 1942

(SEAL) E. N. Van Metre Notary Public, residing at Clemons. Iowa.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 9 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and upon prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-26-023-743

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347857
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Gem (b) City: Emmett
(c) Street Address or R.F.D. No.: 1
(d) Name of Hospital or Maternity Home: Home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Gem
(c) City: Emmett
(d) Street Address or R.F.D. No.: 1
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Ida

4. FULL NAME OF CHILD Emmett Elmo Sasser

5. Date of Birth of Child (Month, day, year) September 26 1909

6. Sex: Male **7.** Twin or Triplet: If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy: 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Dixon D. Sasser
11. Color or Race: white **12.** Age at time of THIS birth: 60 yrs.
13. Birthplace: Kentucky (City or town) U.S.A. (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Adeline Pulley
17. Color or Race: white **18.** Age at time of THIS birth: 47 yrs.
19. Birthplace: Kansas (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 8 (b) Born alive and now living: 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah (First name) Sasser (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. Midwife Address 2085 Oregon Ave Long Beach, Calif Date June 1, 1942

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 80 years of age, that I have known this person for 32 years, and that Jr (First name) Hayes (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah A. Sasser Signature
2085 Oregon Ave Long Beach Calif Address

Subscribed and sworn to before me this 2nd day of June, 1942
(SEAL) My Commission Expires Oct. 9, 1943 [illegible] Notary Public, residing at Long Beach Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-124-034-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347863
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County MINIDOKA (b) City RUPERT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County MINIDOKA
(c) City RUPERT
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD ROBERT GORDON GILLIUM

5. Date of Birth of Child (Month, day, year) DEC. 24, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME JASPER NEWTON GILLIUM
11. Color or Race WHITE
12. Age at time of THIS birth 46 yrs.
13. Birthplace CAROL COUNTY (City or town) ARKANSAS (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME CHLOE REBECCA JENKINS
17. Color or Race WHITE
18. Age at time of THIS birth 42 yrs.
19. Birthplace WOOD COUNTY (City or town) TEXAS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 33 years, and that MRS. GORDON (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chloe Jinkins Gillium Signature
SALMON, IDAHO P. O. Address

Subscribed and sworn to before me this 5th day of JUNE, 1942.
(SEAL) Maurine C. McBride Notary Public, residing at SALMON, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-120-029-849

347880

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD James Frederick Price

5. Date of Birth of Child (Month, day, year) Sept. 20, [illegible]

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Edward Price
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ill (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dola Malinda Hurst
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at A. M. on the date and at the place stated above and that personal particulars were furnished by Ida (First name) May Bowles (Last name), who is related to this child as Dr. attending (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date JUN 2 '42

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Doctors Helper (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Dr. (First name) Boyd (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida May Bowles Signature
Star Rte Lewiston Ida P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1942
(SEAL) Peter E. Dussault Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-116-029-862

347885

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) ~~Street Address or~~ R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 7 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) ~~Street Address or~~ R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Raymond Howard Benton

5. Date of Birth of Child (Month, day, year) March 16-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Thomas Howard Benton
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Whitman Co. Washington (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Melissia Hobart
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Wasco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Joseph Asparay (First name) (Last name) aspray, who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Melissia Benton Signature
Dufur Ore P. O. Address

Subscribed and sworn to before me this 8th day of June, 1942
(SEAL) Ken McDonald Notary Public residing at Dufur Ore
My commission expires Dec 17-1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-1914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-120-306-719

347897

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bigham (b) City Goshen
(c) Street Address or R.F.D. No. ?
(d) Name of Hospital or Maternity Home: At her own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bigham
(c) City Goshen
(d) Street Address or R.F.D. No. ?
(e) How long has **MOTHER** lived in Idaho? 13yrs yrs.

3. RESIDENCE OF FATHER (city, state) Same place

4. FULL NAME OF CHILD LENNIS RAY NIELSEN

5. Date of Birth of Child (Month, day, year) 1/20/1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Hans Nielsen
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business State Highway Maintenance

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie May Garrison
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Athens, (City or town) Georgia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Sacramento } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Alice Sessions (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katie May Garrison Nielsen Signature

P. O. Address

Subscribed and sworn to before me this 29th day of May, 19 42

(SEAL) May Sessions Notary Public, residing at Sacramento, Calif.

(Note: Perjury is punishable as a felony in Idaho, See Sec. 17-9[illegible] Idaho Code Annotated.)

Received for filing on JUN 10 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434-206-004-142

347899

United States Department of Commerce Bureau of the Census

JUN 10 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 13
Reg. Dist. No. 5-5-2

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Liberty
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City Liberty
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address (For registration notice): Oxford Idaho
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Bertha McMurray

5. Date of Birth (Month, day, year) June 6, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George W. McMurray

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Liberty (City or Town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Austin

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Liberty (City or Town) Idaho (State or foreign country)

20. Exact Occupation Farmer's wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was June 6 1909 (born alive, stillborn) at 11 a M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is (First name) (Last name)
related to this child as ..... (Mother, etc.)

26. (a) June 8-1942 (Date received) (b) Beulah Hess (Registrar's signature) Mrs. [illegible]

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** J. W. Hayward M.D. ~~(D.O., Midwife, etc.)~~
and address May 31 Date May 31-42
Logan Utah

DEC 13 1960

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

819-212-025-464

JUN 12 1942

347904

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347904
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months 4 days 2

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Near Thunder City
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gertrude Helen Harris

5. Date of Birth of Child (Month, day, year) April 12-09

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? —

FATHER OF CHILD

10. FULL NAME Floyd Harris
11. Color or Race White **12.** Age at time of THIS birth 19 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Lillian Moudy
17. Color or Race White **18.** Age at time of THIS birth 16 yrs.
19. Birthplace Middleton Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living —

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 33 years, and that Mrs Ring (First name) (Last name), who attended this birth Is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ethel Lillian Moudy Wallis Signature
413 Geneva Place, Pasadena, Calif. P. O. Address

Subscribed and sworn to before me this 12 day of June, 19 42
(SEAL) W. B. Jay Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Mary H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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433-124-06-395 JUN 16 1942 347921

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 347921
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Albion Idaho
3. RESIDENCE of FATHER (city, state). Albion Ida

4. FULL NAME OF CHILD Gerald Ofelia McClendon
5. Date of Birth (Month, day, year) Jan 24 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Seaburn Howard McClendon
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Texas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Vivian Maud Treece
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Diamond Peak Colo. (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

JUN 15 1942

26. (a) JUN 16 1942 (Date received) (b) Mary F Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Vivian Maud McClendon Allen being first duly sworn, say that I am related to (Related to (or) acquainted with) Gerald Ofelia McClendon (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Neilson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Vivian Maud McClendon Allen Signature
2200 N. 9th St. Boise Idaho P.O. Address

Subscribed and sworn to before me on this 16 day of June, 1942

(SEAL) Estelle M. Curles Notary Public, residing at Boise Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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366-203-206-815

347991

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City IDAHO FALLS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO FALLS IDAHO

4. FULL NAME OF CHILD VIVIAN MARGARET LOWE

5. Date of Birth of Child (Month, day, year) JULY 3 1909

6. Sex FEMALE **7.** Twin or Triplet ✓ If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME DANIEL LOWE
11. Color or Race WHITE **12.** Age at time of THIS birth 30 yrs.
13. Birthplace GIBSONBURG (City or town) OHIO (State or foreign country)
14. Exact Occupation TRANSFER
15. Industry or Business IMPLEMENT & TRANSFER

MOTHER OF CHILD

16. FULL MAIDEN NAME ELIZABETH YANCEY
17. Color or Race WHITE **18.** Age at time of THIS birth 29 yrs.
19. Birthplace HOOPER (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Kern } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that DR CUNARD (First name) (TO THE BEST OF MY MEMORY) (Last name) who attended this birth DON'T KNOW (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daniel Lowe Signature
WASCO, CALIF., BOX 443 P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942
(SEAL) Everett L. Hrasnek Notary Public, residing at Wasco Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on JUN 12 1942 by Mabel H. Wilson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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396-106-022-791

347993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City ASHTON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ASHTON HOTEL
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County
(c) City ASHTON
(d) Street Address or R.F.D. No. ASHTON HOTEL
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) ASHTON IDAHO

4. FULL NAME OF CHILD PARLEY JAY CROFT

5. Date of Birth of Child (Month, day, year) MARCH 6 1909

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME PARLEY ALANZO CROFT
11. Color or Race WHITE **12.** Age at time of THIS birth 27 yrs.
13. Birthplace PORTERVILLE (City or town) UTAH (State or foreign country)
14. Exact Occupation BARBER
15. Industry or Business BARBER

MOTHER OF CHILD

16. FULL MAIDEN NAME MARGARET ANN PRALL
17. Color or Race WHITE **18.** Age at time of THIS birth 26 yrs.
19. Birthplace ORDERVILLE (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Gallatin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for ..... years, and that MRS. (First name) BROWN (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Margaret Ann Croft Signature
P. O. Address

NOTARY PUBLIC for the State of Montana
Residing at Bozeman, Montana
My Commission Expires November 28, 1944

Subscribed and sworn to before me this 1 day of June, 1942
(SEAL) Notary Public, residing at Bozeman Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Mabel Helsler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-215004-255

347998

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Wardboro
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Wardboro
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Myra Alzina Haddock

5. Date of Birth of Child (Month, day, year) August 15, 1909

6. Sex female

7. Twin or Triplet x If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John George Haddock
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Bloomington, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business x

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alzina Adelaine Kent
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Farmington, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum x 1% Argyrol [illegible]

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature D'Orr Poynter M.D. ~~Midwife~~ Address 4691 E. Fulmage Dr. San Diego Calif. Date 6—4—42

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 32 years, and that Dr. D'Orr Poynter (First name) (Last name) who attended this birth can't be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John George Haddock Signature

MY COMMISSION EXPIRES MAR. 26, 1946

138 Grand Ave., Oakland, Calif. P. O. Address

Subscribed and sworn to before me this 21st day of May, 19 42

(SEAL) Goldie E. Kraft Notary Public, residing at Oakland, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mabel T. Gelfin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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385-126-041 133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348001
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Victor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Victor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Therone Allen Cheney

5. Date of Birth of Child (Month, day, year) Dec. 26, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Selar Edward Cheney
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Huntington, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Harriet Allen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Orderville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Lizzy Curtis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Selar Edward Cheney — Signature
Thornton, Idaho — P. O. Address

Subscribed and sworn to before me this 10th day of June, 19 42.
(SEAL) Mary Smith — Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Mabel Fielding, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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418-221 029-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348004
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Garfield State Wash
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home; None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Garfield Wash
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Alice May

5. Date of Birth of Child (Month, day, year) Feb 21 1900

6. Sex **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME James Archie May
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Garfield (City or town) Wash (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Alberta Grimes
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Garfield (City or town) Wash (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Alberta May Signature
P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942
(SEAL) E. O. Johnson Notary Public, residing at Pullman Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 12 1942 by Mabel Fetter, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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796-126026-217

348029

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Idaho

4. FULL NAME OF CHILD Parley P. Prophet

5. Date of Birth of Child (Month, day, year) May 26, 1909

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Richard D. Prophet.
11. Color or Race American **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Clarkville (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Paxton
17. Color or Race American **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Hull (City or town) England (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Rigby Idaho Date Clark

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for since Birth years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Prophet Signature
Shelley Ida P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942
(SEAL) M. L. Hirst Justice of the Peace Notary Public, residing at Shelley Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on JUN 11 1942 by Mabel H. Hales, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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396-22-5004859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348055
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 4 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Brooklyn New York

4. FULL NAME OF CHILD Bertha Priscilla Crockett

5. Date of Birth of Child (Month, day, year) 12-25-1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 7 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Crockett
11. Color or Race white **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Brooklyn (City or town) New York (State or foreign country)
14. Exact Occupation sheepherder
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Amelia Herrick
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Montpelier (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

4691 E. Talmage Dr

25. Attendant's **OWN** signature [illegible] M.D. ~~Midwife~~ Address San Diego Calif Date 6-8-42

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr. D'Orr (First name) Poynter (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Herrick Bailey Signature
3730-33 Ave Oakland O. Address

Subscribed and sworn to before me this 26th day of May, 1942.
(SEAL) Elayne O. Blakely Notary Public, residing at Oakland, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-924, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by [illegible], Registrar.
My Commission Expires Feb. 5, 1946

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Be sure to make a separate Return must be made for each, and the number of each, is Number of birth stated.
one child at birth

1. PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 1212 Albany St. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 348060

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Alton Milliner

3. Sex m

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth 6/29, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles M. Milliner	18. Full maiden name Cora Etta Wells
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race A/W | 12. Age at last birthday 32 (years)	20. Color or race A/W | 21. Age at last birthday 24 (years)
13. Birthplace (city or place) Peoa (State or Country) Utah	22. Birthplace (city or place) Fairmont (State or Country) Nebr.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, ~~salesman~~, bookkeeper, etc. Truckman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work cont.	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother two (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 5 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ..... Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed JUN 12 1942, 193.... Mabel Y. Gilfillan

Registrar.

493-129014-653

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Cora Etta (Wells) Milliner being first duly sworn says that she is the mother (Relationship of child)* of George Alton Milliner born Caldwell (Date of birth) at ....., Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said George Alton Milliner hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. John S. Meyer, M. D., was the Midwife medical attendant at the birth of said George Alton Milliner and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Cora E. Milliner

P. O. Address 603 S.- 6th - Caldwell, Idaho

Subscribed and sworn to before me this 11th day of June, 19 42

Thos. L. Shaffer
Notary Public.

Residing at Caldwell, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 12 1942

154 230029 753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348128
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Rt 2.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Pearl Marie Adeline Andersen

5. Date of Birth of Child (Month, day, year) July 30, 1909

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carl August Andersen
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Homestrand (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amanda Josephine Peterson
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Brandt (City or town) South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Dead

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 32 years, and that Dr. Wick (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl August Andersen ..... Signature
..... P. O. Address

Subscribed and sworn to before me this 28th day of May, 1942
(SEAL) Alma Carlson Notary Public, residing at Moscow, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

359 227010-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348134
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Louisa Walker Terrill

5. Date of Birth of Child (Month, day, year) Aug. 27, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wade Hampton Terrill
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Paintlick, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zelma Kirkpatrick
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Charlotte, No. Carolina (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. ~~Industry or~~ Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum S. Silver Nit. 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Zella Terrill (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature S. S. Fuller M.D. M.D. ~~Midwife~~ Address Palo Springs Palo Date May 29, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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348137

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. Unknown
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Ida.

4. FULL NAME OF CHILD Ellyn Winifred Williams

5. Date of Birth of Child (Month, day, year) Oct. 31, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Llewellyn A. Williams
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Marshall Co. (City or town) Iowa (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Pearl Kleespie
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Tama Co. (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that Dr. Chas. Hunt (First name) (Last name), who attended this birth cannot be located (~~Is now deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Pearl Williams Signature
6501 So. B St., Tacoma, Wash. P. O. Address

Subscribed and sworn to ~~before~~ me this 11th day of June, 1942.
(SEAL) Fred L. Kenrickson Notary Public, residing at Tacoma
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1942 by ..... Registrar.

JUN 13

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-124-001 JUN 19 1942 457

348208

348208

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Ustick
(c) Street Address or R.F.D. No. Ustick
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Ustick
(d) Street Address or R.F.D. No. Ustick
(e) How long has **MOTHER** lived in Idaho? 34.35 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD PAUL JONATHAN MINTON

5. Date of Birth of Child (Month, day, year) APR. 24, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Harrison Minton
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Bates County Mo. (City or town) (State or foreign country)
14. Exact Occupation Furniture Salesman
15. Industry or Business Furniture

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Elizabeth Mead
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Johnson City Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 33 years, and that Dr. Van Nate (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Dora Elizabeth Minton (Mrs. Wm. Harrison Minton) Signature

P. O. Address

Subscribed and sworn to before me this 19 day of June, 19 42

(SEAL) [illegible] Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certifi copy requires an advance payment of fifty cents, money order or coin.

JUN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 ID8 025-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348229
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Kooskia, Ida.

4. FULL NAME OF CHILD Martin Elmer Johnson

5. Date of Birth of Child (Month, day, year) Aug. 8, 1909

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ole Edward Johnson
11. Color or Race white **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gussie Kidder
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for all his life years, and that Cora F. Lanway (First name) (Last name), who attended this birth as midwife now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gussie Kidder Thelen Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of June, 1942
(SEAL) W. R. McCleve Notary Public, residing at Payette, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mark Phelps, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad City
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 37 years 5 months 19 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad City
(d) Street Address or R.F.D. No. R. #1
(e) How long has **MOTHER** lived in Idaho? 37½ yrs.

3. RESIDENCE OF FATHER (city, state) Malad City, Ida.

4. FULL NAME OF CHILD Kenneth Benjamin Nicholas

5. Date of Birth of Child (Month, day, year) Dec. 8, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Nicholas
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Store Keeper & Post Master

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Evans
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Glamorganshire South Wales (City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nit

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 2:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by ....., who is related to this child as ..... (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature D C Ray M.D. Midwife Address Pocatello Date 6-12-1942

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) .....Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 16 1942 by Mary Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

918-116029-296

348295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Palouse, Wash.
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Palouse, Wash.
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho, Palouse, Wa.

4. FULL NAME OF CHILD Jack Raynard

5. Date of Birth of Child (Month, day, year) Feb. 16 - 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Robert Raynard
11. Color or Race White **12.** Age at time of THIS birth 51 yrs.
13. Birthplace Moritton Ont., Canada, (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Jane Brown
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Bingley England, (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Whitman }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that George Boyd (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Raynard Condall Signature
Moscow Wash. P. O. Address

Subscribed and sworn to before me this 12 day of June, 19 42
(SEAL) Wilson M. Cleff Notary Public, residing at Moscow
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Maud E. Lefler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-125036-414

348298

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Carlisle Dallas Casperson

5. Date of Birth of Child (Month, day, year) Jan 25, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Wm Casperson
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Logan Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edma Maughan
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Weston Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Edan Casperson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 21 years, and that Allen R. Cutler Sr. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Maughan Casperson — Signature
Preston Ida. — P. O. Address

Subscribed and sworn to before me this 13th. day of April, 1942

(SEAL) — Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by ..., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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469-22-0039966

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

348301

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Bancroft
(d) Street Address or R.F.D. No. life
(e) How long has MOTHER lived in Idaho? All her yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice) Ida

3. RESIDENCE OF FATHER (city, state) Bancroft,

4. FULL NAME OF CHILD Alwilda Morris

5. DATE OF BIRTH (Month, day, year) March 22 1909

6. Sex F

7. Twin or Triplet One If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME A.L.Morris (Andrew Lafayette)

11. Color or Race W

12. Age at time of THIS birth 39 yrs.

13. Birthplace Indiana
(City or Town) (State or foreign country)

14. Exact Occupation Merchant

15. Industry Business General Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Rowland

17. Color or Race W

18. Age at time of THIS birth 29 yrs.

19. Birthplace Carbon Wyoming
(City or Town) (State or foreign country)

20. Exact Occupation Wife

21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 10:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Rowland (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature Ellis Kackley M.D.
(D.O., Midwife, etc.)
and address Soda Springs, Idaho Date 6-9-42

26. (a) JUN 16 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JUN 1 9

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, ~~and, upon conviction thereof, shall be fined not less than $10 nor more than $300.~~

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

DELAYED

432-110 016-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348312
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Burley Idaho

4. FULL NAME OF CHILD Rollo Edwin Mc Bride

5. Date of Birth of Child (Month, day, year) 5-26-1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 10 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Francis Mc Bride
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Oakley (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Madge or maggie Adelle Bair
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Branchville (City or town) S.C. (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business nurse

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Humboldt } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for life years, and that Dr. J. C. Patterson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. M. A. Mc Bride Signature
Winnemucca Nevada P. O. Address

Subscribed and sworn to before me this 12 day of June, 1942

(SEAL) Ida Hardins Notary Public, residing at Winnemucca Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Expires September 27th 194

Received for filing on JUN 16 1942 by Mabel H. Fielden, Registrar.

JUN 16

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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993 220 004 944

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348335
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BEAR LAKE (b) City MONTPELIER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT MOTHERS HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State WYOMING (b) County LINCOLN
(c) City NORTH KEMMERER (FRONTIER)
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD BEULAH RICHMOND

5. Date of Birth of Child (Month, day, year) SEPT 20, 1909

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILLIAM BURDELL RICHMOND
11. Color or Race WHITE **12.** Age at time of THIS birth 42 yrs.
13. Birthplace MOUNDSVILLE (City or town) WEST VA. (State or foreign country)
14. Exact Occupation ENGINEER, KEMMERER COAL CO.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ALMEDIA ZUMBRENNEN
17. Color or Race WHITE **18.** Age at time of THIS birth 33 yrs.
19. Birthplace BOLTIGAN (City or town) SWITZERLAND (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID POWDER
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Bonalive (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by A. Zumbrennen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature N. Nurse M.D. Midwife Address Montpelier Ida Date 6/11/42

State of IDAHO
County of CANYON } ss

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that DR. King (First name) (Last name), who attended this birth lives Montpelier, Ida (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. William B. Richmond Signature
R. F. D. # 1, WAMPA, IDAHO. P. O. Address

Subscribed and sworn to before me this 22nd day of May, 1942
(SEAL) H. Hagen Notary Public, residing at Wampa
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942 by Mary Hagen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 4 1942

DELAYED REGISTRATION LAW

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365 103 033 389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348346
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. 155 E 2nd north
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. 155 E 2nd north
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idaho

4. FULL NAME OF CHILD Glenn Christenson Long

5. Date of Birth of Child (Month, day, year) Feb. 3, 1909

6. Sex m

7. Twin or Triplet no If so—born 1st, 2nd, 3rd 11

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John William Long
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Christenson
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Bloomington (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, ~~stillborn~~) at 4 ~~P~~ M. on the date and at the place stated above, and that personal particulars were furnished by Mary Christenson Long (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Alice S. Parker ~~M.D.~~ Midwife Address 6-14- Date 1942

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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395-115029-291

348353

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: In my home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 4 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Hilding Waldemar Linderman

5. Date of Birth of Child (Month, day, year) Jan. 15, 1909

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Otto Linderman
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Varmland, (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilda Axelina Branting
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Vastergotland, (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Some brown stuff.

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Dr. John Olson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Otto Linderman Signature

Troy Idaho P. O. Address

Subscribed and sworn to before me this 10 day of June, 1942

(SEAL) [illegible] Notary Public, residing at Troy Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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49-119 028-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348364
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d' Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Montana (b) County
(c) City St. Regis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 Mos. yrs.

3. RESIDENCE OF FATHER (city, state) St. Regis, Mont.

4. FULL NAME OF CHILD Raymond Darby

5. Date of Birth of Child (Month, day, year) Sept. 19, 1909

6. Sex M.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME George Colburn Darby
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Tederville, Canada (City or town) (State or foreign country)
14. Exact Occupation Sawmill Oiler
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Julia Gooler
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Crookston, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Dr. Dwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lottie Darby Signature
Box 122, St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of May, 1942.

(SEAL) Fred Elwell Probate Judge Notary Public, residing at St Maries Id. ex-officio for Benewah Co.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 16-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 102001-255

348387

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: Castle Creek
(d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
(e) Mother's stay **BEFORE** delivery: IN THIS county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Owyhee
(c) City:
(d) Street Address or R.F.D. No.: Castle Creek
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state): Castle Creek, Ida.

4. FULL NAME OF CHILD: Bernard Eugene Hardiman

5. Date of Birth of Child (Month, day, year): Aug. 2, 1909

6. Sex: male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME**: Joseph William Hardiman
11. Color or Race: White
12. Age at time of THIS birth: 24 yrs.
13. Birthplace: San Francisco (City or town), California (State or foreign country)
14. Exact Occupation: Cattle Raising
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME**: Mary Eulalia Keegan
17. Color or Race: White
18. Age at time of THIS birth: 32 yrs.
19. Birthplace: San Francisco (City or town) - California (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature: Deceased. M.D. Midwife Address Date

State of California
County of Santa Clara } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for ..... years, and that Dr. George Collister (First name) ..... (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary E. Hardiman Signature
494 Delmas Ave., San Jose, Calif. P. O. Address

Subscribed and sworn to before me this 16 day of June, 1942.
(SEAL) Notary Public, residing at San Jose, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-122-006-794

348440

348440

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Bingham~~ ~~Bonneville~~ (b) City Idaho Falls
(c) Street Address or R.F.D. No. ?
(d) Name of Hospital or Maternity Home: (at home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years & a few months ~~days~~

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bingham~~ ~~Bonneville~~ Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. ?
(e) How long has **MOTHER** lived in Idaho? over 1 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Willard Stuart Ferris

5. Date of Birth of Child (Month, day, year) July 22, 1909

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Everett Browning Ferris
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Riverside (City or town), Connecticut (State or foreign country)
14. Exact Occupation
15. Industry or Business Mining.

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Gruwell
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Deer Lodge County (City or town), Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of New York, County of Kings } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the widow of the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 27 years, and that the unknown midwife (First name) ——— (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. I further state that both persons named under 10. and 16. above, are deceased.

Anna B Ferris — Signature

41 Eastern Parkway, Brooklyn, N.Y. — P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942.

(SEAL) John P. Jelen — Notary Public, residing at 840 Grand Concourse, N.Y. N.Y.

Notary Public for Kings, New York & Bronx Counties, N.Y. (Comm. exp. March 30, 1943)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

317715001-236

348473

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 29 N. Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 2916 Idaho St.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Arthur Edward Cagle

5. Date of Birth of Child (Month, day, year) April 15 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chas M Cagle
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle L Stoddard
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Arizona (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Arizona
County of Maricopa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 33 years (since birth) and that Dr. J. F. Sheridan (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Myrtle L Cagle Signature
402 W Watkins Rd Phoenix Ariz Address

MY COMMISSION EXPIRES

Subscribed and sworn to before me this 15 day of June, 1942

(SEAL) Ethel B. Burnett Notary Public, residing at Phoenix Ariz.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Mark Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-212-003-168

348475

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) McCammon, Idaho

4. FULL NAME OF CHILD Susan Etta McConkie

5. Date of Birth of Child (Month, day, year) Sept 12-1909

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George McConkie
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Masser (City or town) Utah (State or foreign country)
14. Exact Occupation millwright
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Christina Johnston
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Randolph (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Do not remember (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Gertrude C. McAllister Signature
136 N. Cedar, Glendale, California P. O. Address

Subscribed and sworn to before me this 16th day of June, 19 42
(SEAL) Eva A. Garton Notary Public, residing at Glendale, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC
My Commission Expires Sept. 15, 1945

Received for filing on JUN 18 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485-201 006-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348483
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Basset
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basset
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marie Child Dye

5. Date of Birth of Child (Month, day, year) Jan 4 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Malden Dye
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Riverdale (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Adelaide Child
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Riverdale (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 77 years of age, that I have known this person for 33 years, and that Elizabeth Jennett (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Malden Dye Signature
Basset P. O. Address

Subscribed and sworn to before me this 17th day of June, 19 42

(SEAL) Geo. W. Gustelwa Notary Public, residing at Firth Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Mark Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-230028453

348522

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Gibbs
(c) Street Address or R.F.D. No. (Formerly La Crosse)
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county One years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Gibbs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Gibbs Idaho

4. FULL NAME OF CHILD Marion Caroline Michaelson

5. Date of Birth of Child (Month, day, year) March 30, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Theodore Michaelson
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Hammond (City or town) St Croix Wis (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Lola May Delamater
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Pleasant Valley (City or town) St Croix Wis (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 5:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Geo. T. Michaelson (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 3 years, and that Roland (Physician) (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lola May Michaelson Signature
924 Riverside Bend Ore. P. O. Address

Subscribed and sworn to before me this 16th day of June, 1942

(SEAL) M. A. Eckles Notary Public, residing at Bend Ore.
NOTARY PUBLIC OREGON My Commission Expires Jan 25 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Mabel A. Eckles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-209031-319

348526

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No. in village
(d) Name of Hospital or Maternity Home: At Home--Kamiah
(e) Mother's stay **BEFORE** delivery: IN **THIS** county XXXX years XXXX months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Esther Jackson

5. Date of Birth of Child (Month, day, year) 12-9-1909

6. Sex Female

7. Twin or Triplet ——— If so—born 1st, 2nd, 3rd ———

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Jackson
11. Color or Race Indian **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Clearwater Co. (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Carl
17. Color or Race Indian **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Eastern (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 A.M. on the date and at the place stated above, and that personal particulars were furnished by Charlotte (First name) Reynolds (Last name), who is related to this child as aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that the Doctor (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlotte Reynolds Mark Signature
Lapwai, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of June, 19 [illegible]
(SEAL) E. H. La Course Notary Public, residing at Lapwai, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-118 038 965

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348527
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City New Plymouth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Lloyd Rosenberger

5. Date of Birth of Child (Month, day, year) Nov 18-1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Watson Rosenberger
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace U.S. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ollie Josephine Rowland
17. Color or Race W **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Caldwell (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, ~~stillborn~~) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Lee Rowland (First name) (Last name), who is related to this child as Uncle (Mother, etc.)

25. Attendant's **OWN** signature R T Drysdale M.D. ~~Midwife~~ Address Wood River Date 6-15-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Mark H. Gibbons, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-713-035-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348536
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Forest
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Forest
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. RESIDENCE OF FATHER (city, state) Forest, Ida.

4. FULL NAME OF CHILD Henry Elton Johnson

5. Date of Birth of Child (Month, day, year) June 13, 1909

6. Sex M.

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Christian Johnson
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Wasica County (City or town) Minn. (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Saw-mill and Harvesters

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Larsen
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace North Fiord (City or town) Norway (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 33 years, and that Dr. Mae Daughlin (First name) (Last name), who attended this birth (~~is now deceased~~) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs H. E. Johnson Signature
1114 Edd St. Moscow Idaho P. O. Address

Subscribed and sworn to before me this 17 day of June, 1942
(SEAL) Martin J. Hughes Notary Public, residing at Moscow Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by, Registrar.

se only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified opy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-223 003-575

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348551
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Downey, Ida.

4. FULL NAME OF CHILD Irene Kendall

5. Date of Birth of Child (Month, day, year) April 23, 1909

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rueben Newell Kendall
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Springville (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delina Jane VanLeuven
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Springville, (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 33 years, and that unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Owen R. Kendall Signature
3723 So. Dunsmuir Tacoma P. O. Address

Subscribed and sworn to before me this 16th day of June, 1942
(SEAL) [illegible] Notary Public residing at Tacoma
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

842-120-028-842

348556

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Cataldo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 1 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Cataldo, Idaho

4. FULL NAME OF CHILD Walter Hussa

5. Date of Birth of Child (Month, day, year) July 20, 1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eli Hussa
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Oulu (City or town) Finland (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna M. Hussa
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Finland (City or town) Foreign Country (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Anna M. Hussa (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Pauline Mack M.D. Midwife Address Cataldo, Ida. Date May 20, 1942

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 18 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session Laws~~, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-101-021-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348607
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Clifton
(c) Street Address or R.F.D. No. Home Delivery
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Clifton
(d) Street Address or R.F.D. No. Home Delivery
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Clifton Idaho

4. FULL NAME OF CHILD Onis Farmer Henderson

5. Date of Birth of Child (Month, day, year) March 1, 1909

6. Sex Male. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy Nine 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Marion Harmon Henderson
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace St. Andrews (City or town) Wyoming (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Grace Farmer
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace South Jordan (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Eva Grace Farmer Henderson (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wyoming
County of Laramie } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 33 years, and that Eva Grace Farmer Henderson (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Grace Farmer Henderson Signature
145 Main St, Vallejo, California P. O. Address

Subscribed and sworn to before me this 15 day of June, 1942

(SEAL) M S Reynolds Notary Public, residing at 412 Hynds Bldg Cheyenne, Wyo.

(Note: Perjury is punishable as a felony in Idaho see Sec. 17-915 Idaho Code 1932 as amended.)

My Commission Expires July 31st, 1945

Received for filing on JUN 19 1942 by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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469 203 036 593

348627

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Georgia Virginia Morgan

5. Date of Birth of Child (Month, day, year) June 3, 1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 Mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Joseph Morgan
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Paris, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Virginia Nichols
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Brigham, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 33 years, and that (First name) Kerns (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Virginia N Morgan Signature
Gen. Del. Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 16 day of June, 1942.
(SEAL) J. B. Roth Notary Public, residing at Twin Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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113-116-035-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348630
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 170[illegible] 7th Ave
(d) Name of Hospital or Maternity Home
April 16th 1909 at home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1706 - 7th Ave.
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Stanley Jacks

5. Date of Birth of Child (Month, day, year) April 16th 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James S. Jacks
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Winterset (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura L. Book
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Mandan (City or town) N. Dakota (State or foreign country)
20. Exact Occupation homemaker farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 33 years, and that Dr O. C. (First name) Carrow (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jas S. Jacks Signature
Sunnyside Wash P. O. Address

Subscribed and sworn to before me this 17th day of June, 1942.
(SEAL) Hazel R. Fuller Notary Public, residing at Sunnyside
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-119-036-45

349603

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: Private home Mary Madsen
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home 21 Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Holbrook
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address (For registration notice): Holbrook (Street or R.F.D.) Idaho (Postoffice)

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Don Cyrus Cooper

5. DATE OF BIRTH (Month, day, year) June 19, 1909

6. Sex boy

7. Twin or ~~Triplet~~ If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Cyrus Cooper

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace Heber (City or Town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maren Davis

17. Color or Race white

18. Age at time of THIS birth 25 yrs.

19. Birthplace Spanish Fork (City or Town) Utah (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Maren (First name) Cooper (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUN 22 1942 (Date received) [signature] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature D C Ray M.D. (D.O., Midwife, etc.)
and address Pocatello Ida. Date 6-18-1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

253 IDS 028 212

349607

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Granite
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Granite
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Christian Abia Ketchum

5. Date of Birth of Child (Month, day, year) Nov. 5 1909

6. Sex Boy **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Fred Ketchum
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Kenosha (City or town) Wisconsin (State or foreign country)
14. Exact Occupation In Woods
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Oblinger Sabra
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Waterville (City or town) Minn. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Minnesota
County of Hennepin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 70 years of age, that I have known this person for 37 years, and that Christian Abia Ketchum (First name) (Last name), who attended this birth Mrs. Lance Clark (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sabra Ketchum Signature
3-27 Post Rd. P. O. Address

Subscribed and sworn to before me this 16th day of June, 19 42
(SEAL) Hugh A. Cameron Notary Public, residing at 2427 Emerson N. Mpls. Minn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by Mark Y. Lehn, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-220 022.412

349612

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Felt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Felt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Felt Idaho

4. FULL NAME OF CHILD Maude Agnes Hendrickson

5. Date of Birth of Child (Month, day, year) Nov 20-1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Cornelius M Hendrickson
11. Color or Race white **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Smith Field (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming & Stock raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie S Dakin
17. Color or Race White **18.** Age at time of THIS birth 43 yrs.
19. Birthplace Austin (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Colorado
County of Delta } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 31 years, and that Lillie S Hendrickson (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie S. Hendrickson Signature
Orland Colo. P. O. Address

Subscribed and sworn to before me this 19 day of June, 1942
(SEAL) William L. Hendrickson Notary Public, residing at Eckert Colo.
My Commission Expires
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

694-216-029-386

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349621
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years unknown months unknown days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. unknown
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick Idaho

4. FULL NAME OF CHILD Lillie Mary Fruchtl

5. Date of Birth of Child (Month, day, year) May 16 1909

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Anton Fruchtl
11. Color or Race white **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Sigel (City or town) Illinois (State or foreign country)
14. Exact Occupation brick maker
15. Industry or Business Brick manufacturer

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Maude Thomas
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Pomona (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argn03

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by Joseph Fruchtl (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature John E Hoyt M.D. ~~Midwife~~ Address Spokane Wn Date 6-19-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated.)

Received for filing on JUN 22 1942 by Mabel [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-214-031-355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349640
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Mohler
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Mohler
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ruth Collins

5. Date of Birth of Child (Month, day, year) March 14, 1909

6. Sex female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John A. Collins
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Flat Creek (City or town) Missouri (State or foreign country)
14. Exact Occupation blacksmithing
15. Industry or Business blacksmith

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Elizabeth Lee ~~Collins~~
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Marionville, (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum [illegible]

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Bertha (First name) Collins (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature O. A. Jeffreys M.D. ~~Midwife~~ Address 123 N. Sweetzer Av Los Angeles Cal. Date 6-18-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

919-104-022-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349645
Local Reg. No.
Reg. Dist. No.

JUN 23 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Squirrel Creek
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 9 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Squirrel Creek
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Squirrel Creek Idaho

4. FULL NAME OF CHILD CRET EDDY HARDWICK

5. Date of Birth of Child (Month, day, year) April 4, 1909

6. Sex Male **7.** Twin or Triplet - If so—born 1st, 2nd, 3rd - **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME JOHN HENRY HARDWICK
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Oxford, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business -

MOTHER OF CHILD

16. FULL MAIDEN NAME ELLA MAY JACKSON
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Beaver City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum -
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:00 P.M. on the date and at the place stated above and that personal particulars were furnished by Ella May Hardwick/Billings (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature - M.D. Midwife Address Date

State of Oregon
County of Baker } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 31 years, and that Elizabeth Ellen Jackson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella May Hardwick Billings Signature
1938 Seventh St.-Baker, Oregon P. O. Address

Subscribed and sworn to before me this 22nd day of June, 1942

(SEAL) [signature] Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433/118.025/33

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349651
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Idaho (b) City: Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Twin Falls
(c) City: Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD David A. McClusky

5. Date of Birth of Child (Month, day, year) Dec. 18, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dr. Albert F McClusky
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Oil City (City or town) Penn (State or foreign country)
14. Exact Occupation physician
15. Industry or Business medical profession

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Allmendinger
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Ann Arbor (City or town) Mich (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise C. McClusky Signature
Buhl, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of June, 1942.
(SEAL) John M Parker Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1942 by Mabel H Leber, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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619 211 044 281

349722

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at my mothers home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Indian Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale Ida

4. FULL NAME OF CHILD Lellia Eunice Ware

5. Date of Birth of Child (Month, day, year) Sept. 11 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Lee Ware
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Eugene (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie May Shaw
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Harrison County (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Dr. Lewing (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie May Shaw Ware Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me this 18 day of June, 1942
(SEAL) J. T. Goodnight Notary Public, residing at Midvale Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 20 1942 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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849-213-034-515

349741

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Helen Blanche Quinn

5. Date of Birth of Child (Month, day, year) Dec, 13, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME George Lewis Quinn
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Cincinatti (City or town) Ohio (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Vanston
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Austin (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 59 years of age, that I have known this person since birth years, and that Nora (First name) (Last name), who attended this birth — (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Quinn Signature
Rupert Idaho P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942.
(SEAL) H. A. Bowen Probate Judge Notary Public, residing at Rupert
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by M. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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847-211-028-791

349747

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Spirit Lake, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Spirit Lake Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spirit Lake
(d) Street Address or R.F.D. No. No Street Address
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Irma Grace Hughes

5. Date of Birth of Child (Month, day, year) 11th Aug. 1909.

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Hughes
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Swansea (City or town) North Wales, Eng. (State or foreign country)
14. Exact Occupation Office work
15. Industry or Business Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Sophia Graeser
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace Milwaukee (City or town) Wisc. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 a M. on the date and at the place stated above, and that personal particulars were furnished by John (First name) Hughes (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature John Hughes ~~M.D.~~ ~~Midwife~~ Address 622 Humboldt Ave St. Paul Minn Date 6-11-1942

State of Minnesota
County of Ramsey } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Dr. (First name) Hammond (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Hughes Signature
622 Humboldt Ave. P. O. Address
St Paul, Minn

Subscribed and sworn to before me this 12th day of June, 1942

(SEAL) Alfred J. Lether Notary Public, residing at Ramsey County

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

ALFRED J. LETHER
Notary Public, Ramsey County, Minn.
My Commission Expires Nov. 11th, 1943

Received for filing on JUN 4 1942 by Mary, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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551-221 029-642

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349766
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Residence of Parents
(e) Mother's stay **BEFORE** delivery: IN THIS county 7 years 9 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mable Ruth Evans

5. Date of Birth of Child (Month, day, year) June 21-1909

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 X **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Luther Greene Evans
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Harrison Ark. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Isabelle Fuson
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Waverly Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Mrs. Wilson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora Isabelle Evans Signature
1147-7th St. Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 19 day of June, 1942
(SEAL) Ione M. Edlund Notary Public, residing at Coeur d'Alene, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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134-207034 412

1. PLACE OF BIRTH JUN 22 1942

County of Minidoka

City of Rupert

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 349775

Registration District No. ..... State File No. .....

Prim. Registration District No. 450 Local Registrar's No. 80

2. FULL NAME OF CHILD Helen Aldrich

3. Sex girl

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Jan 7, 1942 (Month, Day, Year)

FATHER

9. Full name Ira R. Aldrich

10. Residence (usual place of abode) (If non-resident, give place and State) Rupert

11. Color or race white 12. Age at last birthday 30 (years)

13. Birthplace (city or place) Lone Rock (State or Country) Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Millie Mason

19. Residence (usual place of abode) (If non-resident, give place and State) Rupert

20. Color or race white 21. Age at last birthday 31 (years)

22. Birthplace (city or place) Morrison (State or Country) Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation one months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11:50pm on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) F. Kenagy, M. D.

or ....., Midwife

Address Rupert Idaho

Filed 6-10, 1942 O. E. Elmore

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

957121 021 254

349779

349779

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 183
Reg. Dist. No. 341

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Fairview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Fairview, Idaho

4. FULL NAME OF CHILD Milford Inglet

5. Date of Birth of Child (Month, day, year) November 21, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph C. Inglet
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Hyde Park, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Kemp
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Salt Lake City, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ellen Inglet (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature E. W. Slate M.D. ~~Midwife~~ Address Preston Idaho Date 11-21-1909

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 6-22-1942 by Effie W. Brewer, Registrar.

Mary Fielder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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364-108-035-366 349780 **349780**

United States
Department of Commerce
Bureau of the Census 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Jacques Spur
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home of Mrs Ida Mae McKinsey
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 to 12 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Jacques Spur
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 to 12 Mos.
3. RESIDENCE OF FATHER (city, state) Nez Perce County

4. FULL NAME OF CHILD Curtis Loran Todd

5. Date of Birth of Child (Month, day, year) January 8, 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elisha Johnson Todd
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace McDonell (City or town) Missouri (State or foreign country)
14. Exact Occupation Saw mill worker & Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leora Coffin
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Bloomingsport (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature John Alley M.D. ~~Midwife~~ Address Lewiston Idaho Date 3/14/42

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above that I am now 56 years of age, that I have known this person for 33 years, and that Dr. John Alley (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leora Todd Signature

P. O. Address

Subscribed and sworn to before me this 14 day of March, 1942

(SEAL) Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695 202034652

349833

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert,
(c) Street Address or R.F.D. No. R.F.D. #3,
(d) Name of Hospital or Maternity Home: Borned at Parents home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Minidoka
(c) City Rupert,
(d) Street Address or R.F.D. No. R.F.D. # 3,
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Idaho.

4. FULL NAME OF CHILD Mary Edna Winton ~~Bohon~~.

5. Date of Birth of Child (Month, day, year) June 2, 1909.

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alexander Albert Winton,
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace New Brunswick, Canada. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora May West.
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Boliver, Missouri. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Dr. J.B. Kenagy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alexander Albert Winton Signature
Rupert, Idaho. P. O. Address

Subscribed and sworn to before me this 18 day of June, 1942.
(SEAL) Paul A. Freeth Notary Public, residing at Rupert, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by Mabel Webster, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-208035-245

349879

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 641-C-St.,
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 641-C-St.,
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston Ida.

4. FULL NAME OF CHILD Thelma Marie Lee

5. Date of Birth of Child (Month, day, year) Aug.8.1909

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Anton A.Lee
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation R.R.Employee
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johanna Bue
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 33 years, and that Doctor (First name) Lyman (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. A. A. Lee Signature
401 "M" S.E., Auburn, Wash. P. O. Address

Subscribed and sworn to before me this 20 day of June, 19 42

(SEAL) Notary Public, residing at Auburn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-114 016 352

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349917
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. RFD#1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county One years Two months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 1 Yr. 2 Mos.

3. RESIDENCE OF FATHER (city, state) Burley Idaho

4. FULL NAME OF CHILD THORVALD MARTIN DOSSEN

5. Date of Birth of Child (Month, day, year) Feb. 14 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Engel Dossen
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Bergen, (City or town) Norway (State or foreign country)
14. Exact Occupation Cabinetmaker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Malena Lekven
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Bergen, (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One. (b) Born alive and now living Two.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that Dr. (First name) J.S Patterson (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Malena Lekven Dossen — Signature

52 E Palm Ave. Burbank, California — P.O. Address

My Commission Expires December 19, 19..

Subscribed and sworn to before me this 23 day of June, 19 42

(SEAL) Cecilia Sewell — Notary Public, residing at 1030 No. Parish Pl. Burbank, Californi

(Note: Perjury punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

FILED FOR RECORD IN THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Received for filing on JUN 25 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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363-210029 719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349920
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: LATAH (b) City: Princeton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 5 months 19 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Princeton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Princeton, Ida.

4. FULL NAME OF CHILD ZERMA ELIZABETH PATRICIA COCHRANE

5. Date of Birth of Child (Month, day, year) August 10, 1909

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME FRANK A. COCHRANE
11. Color or Race: white **12.** Age at time of THIS birth: 47 yrs.
13. Birthplace: Ellsworth (City or town) Maine (State or foreign country)
14. Exact Occupation: FARMING
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LILLIAS L. PARKER
17. Color or Race: White **18.** Age at time of THIS birth: 34 yrs.
19. Birthplace: Perth, Ontario (City or town) Canada (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: none

23. Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 67 years of age, that I have known this person for 32 years, and that Mrs. Charles Bay (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillias L. Cochrane Signature
Princeton Idaho P. O. Address

Subscribed and sworn to before me this 23 day of June 1942

(SEAL) J. H. Hanson NOTARY PUBLIC for the State of Idaho
Notary Public, residing at Residing at Potlatch, Idaho
My Commission Expires Dec. 3, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1942 by Mabel Weller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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955-225-025-693

JUN 22 1942

349946

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Harpster
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents' home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 8 years 9 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harpster
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.
(f) Mother's mailing address Lewiston Idaho Star Route

3. RESIDENCE of FATHER (city, state) Not living

4. FULL NAME OF CHILD Norma Bernice Renner

5. Date of Birth (Month, day year) Dec 25, 1909

6. Sex female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nathan George Renner
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace New Bedford (City or town) Illinois (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Ella Wilson
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Westville (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Frances Renner (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Charlotte E. Sowders M.D., (D.O., Midwife, etc.) and address Harpster Ida Date Jan 14, 1942

26. (a) Jan 3 1942 (Date received) (b) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-215-022-662

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 349949
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Fremont (b) City Cedron
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 20 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Cedron
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Cedron

3. **RESIDENCE of FATHER** (city, state) Cedron

4. **FULL NAME OF CHILD** ETHEL PEARL KUNZ

5. Date of Birth (Month, day, year) May 15, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Kunz, Jr.
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Maude Foster
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Camp Floyd, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 24 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address Date

~~State of~~ United States of America
~~County of~~ Territory of Alaska ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Samuel Kunz, being first duly sworn, say that I am related (Related to (or) acquainted with) ETHEL PEARL KUNZ (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Clara Miller (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Samuel Kunz — Signature

P. O. Address

Subscribed and sworn to before me on this 16th day of June, 1942

(SEAL) Neil J. Moore Notary Public, residing at Juneau, Alaska

My commission expires My commission expires April 28th, 1946.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-210 006-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349955
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City GOSHEN
(c) Street Address or R.F.D. No. ROUTE 1
(d) Name of Hospital or Maternity Home: ATY HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City GOSHEN
(d) Street Address or R.F.D. No. ROUTE # 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) GOSHEN IDAHO

4. FULL NAME OF CHILD ESTHER ESTELLA ##### TEEPLES

5. Date of Birth of Child (Month, day, year) APRIL 10th 1909

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JACOB TEEBLES
11. Color or Race WHITE 12. Age at time of THIS birth 49 yrs.
13. Birthplace OGDEN UTAH (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELSIE JRUSA HA WHITMELL
17. Color or Race WHITE 18. Age at time of THIS birth 27 yrs.
19. Birthplace PAYSON UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for SINCE BIRTH years, and that ELIZABETH (First name) WADSWORTH (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Elsie Jrusha Teeples Signature
421 EVERGREEN AVE SOUTH GATE Address

Subscribed and sworn to before me this 10 day of June, 19 42 CALIF.

(SEAL) H. YOUNGCLAUS Notary Public, residing at South Gate Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires February 24, 1946

Received for filing on JUN 24 1942 by Mary E. Taylor, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215 131 028 613

349959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. "E" Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'alene
(d) Street Address or R.F.D. No. E Street
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Idaho

4. FULL NAME OF CHILD JAMES LESTER SANDERS

5. Date of Birth of Child (Month, day, year) JULY 31, 1909

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME GEORGE CLIFFORD SANDERS
11. Color or Race WHITE **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ALFREDA WATKINS ~~SANDERS~~
17. Color or Race WHITE **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Little Bay (City or town) New Foundland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonaterum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that ~~James Lester Sanders~~ (First name) Mrs. Morgan (Surname) midwife, who attended this birth cannot locate (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Alfreda Watkins Sanders Signature
6401 Flora Ave. Seattle, Wn P. O. Address

Subscribed and sworn to before me this 18th day of June, 1942
(SEAL) Mae A. Birk Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349969
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Ammon
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Ammon
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Myrtle Empey

5. Date of Birth of Child (Month, day, year) april 3 1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lewis Shadrach Empey
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Lehi (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Genebre Anderson
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Nyssa (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ..... M. on the date and at the place stated above and that personal particulars were furnished by Lewis Empey (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature O U Clay M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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129 122 036-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349975
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Ida.

4. FULL NAME OF CHILD Harold Berrill Abramson

5. Date of Birth of Child (Month, day, year) July 22, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Morris Abramson
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace LATZKOVA Kobney Guberna, (City or town) (State or foreign country) RUSSIA.
14. Exact Occupation Merchant
15. Industry or Business Drygoods Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Simons
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Lithuania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 33 years, and that Th. Wright (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Morris Abramson Signature
108 Winthrop Rd. Brookline P. O. Address

Subscribed and sworn to before me this 19 day of June, 194[illegible]

(SEAL) Joseph Ford Notary Public, residing at Brookline, Mass.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 194[illegible] by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215-103026495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350015
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Bassett
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Roberts, Idaho

4. FULL NAME OF CHILD Sheldon Clyde Sanders

5. Date of Birth of Child (Month, day, year) June 3, 1909

6. Sex male

7. Twin or Triplet — If so—born (1st) 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clyde Merritt Sanders
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Davis
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Schuyler (State or foreign country) Nebraska
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at time 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 23 years, and that Margaret Sanders (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Sanders Signature

P. O. Address

Subscribed and sworn to before me this 23 day of June, 1942

(SEAL) Arthur P. Jensen Notary Public, residing at Roberts, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mabel Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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141-108 028-532

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350040
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Emida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: life
IN **THIS** county 25 years 11 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Emida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 months
3. RESIDENCE OF FATHER (city, state) Emida, Idaho

4. FULL NAME OF CHILD Earl Jolliffee Adams
5. Date of Birth of Child (Month, day, year) March 8, 1909
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 8½
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Burton Stearns Adams
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Farribault Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business own farm

MOTHER OF CHILD
16. FULL MAIDEN NAME Emma Eckelberry Adams
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Pine Grove W. Va. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) Adams (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Illinois
County of Cook } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Nina (First name) E. Eckelberry (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Eckelberry Adams Signature
5544 Ingleside Ave Chicago P.O. address

Subscribed and sworn to before me this 22nd day of June, 1942
(SEAL) Louise E. Adams Notary Public, residing at 850 E. 58th St. Chicago, Illinois
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mark Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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265 122 022-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350042
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Martin Boehlke

5. Date of Birth of Child (Month, day, year) Sept. 22nd 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Paul Herman Boehlke
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Jackson (City or town) Miss (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Mae Kinnon
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Montreal (City or town) Canada (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of New York
County of Albany } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for life years, and that Dr. T. G. Hanie, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Boehlke Signature
Hannacroix, New York. P. O. Address

Subscribed and sworn to before me this 12 day of June, 1942
(SEAL) Edna P. Evelyn Notary Public, residing at Coymans, N.Y.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mabel Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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350046

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Thimothy Hanson Parkinson

5. Date of Birth of Child (Month, day, year) 4/25/1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thimothy G. Parkinson
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Wellsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Hanson
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Logan, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Dr. George Hyde (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Hansen Parkinson — Signature
Rexburg, Idaho — P. O. Address

Subscribed and sworn to before me this 16th day of June, 1942.
(SEAL) T. H. Smith — Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mark Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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350086

United States
Department of Commerce
Bureau of the Census

JUN 30 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: RFD #4
(d) Name of Hospital or Maternity Home: Home at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months ✓ days ✓

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: RFD #4
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Silas Eugene Highley

5. Date of Birth of Child (Month, day, year): Apr 2 1907

6. Sex: Male **7.** Twin or Triplet: ✓ If so—born 1st, 2nd, 3rd: 4th **8.** No. months of Pregnancy: 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Chas J. Highley
11. Color or Race: White **12.** Age at time of THIS birth: 33 yrs.
13. Birthplace: St. Joseph (City or town) Mich. (State or foreign country)
14. Exact Occupation: Agriculture
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Lucilla Gobriel
17. Color or Race: White **18.** Age at time of THIS birth: 31 yrs.
19. Birthplace: Wathena (City or town) Kansas (State or foreign country)
20. Exact Occupation: House mfe
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: 1% Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Lucilla Gobriel Highley (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature James L. Elwood M.D. ~~Midwife~~ Address Boise Idaho Date June 6, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1942 by Maurl F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662-109-024268 GRANVILL. 350114 **350114**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Orin, Utah

4. FULL NAME OF CHILD Granville Lee Owsley

5. Date of Birth of Child (Month, day, year) Jan. 9-1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Lee Owsley
11. Color or Race White **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Orin (City or town) Utah (State or foreign country)
14. Exact Occupation Grocery man
15. Industry or Business Grocery Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie May Boyer
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Kansas (City or town) Illinois (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of GOODING } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 55 years of age, that I have known this person for Since Birth years, and that Dr. H. Marshall (First name) (Last name), who attended this birth is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie May Owsley Signature
Hagerman - Idaho P. O. Address

Subscribed and sworn to before me this 24th day of June, 1942
(SEAL) Not Legger Notary Public, residing at Hagerman - Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Maurl F. Eaton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-129 028-659

350167

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Post Falls
(c) Street Address or R.F.D. No. R.F.D. No 2
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Post Falls
(d) Street Address or R.F.D. No. R.F.D. No 2
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls Idaho

4. FULL NAME OF CHILD Lester Meissner Brashear

5. Date of Birth of Child (Month, day, year) Oct 29-1909

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Franklin Brashear
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace St Louis (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda L. McGeorge
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Hemlanee (City or town) Michigan (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 67 years of age, that I have known this person for 33 years, and that Dr McLean (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda L. Brashear Signature
4420 E 4th Ave Spokane Wash P. O. Address

Subscribed and sworn to before me this 18th day of June, 1942

(SEAL) Charles J. Lay Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1942 by Mary E. Pfeifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Pierce (b) City Rubens
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 29 years 5 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Pierce
(c) City Rubens
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Elmer De Atley

5. Date of Birth of Child (Month, day, year) Jan. 29, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer Forrest De Atley
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Decatur (City or town) Ill. (State or foreign country)
14. Exact Occupation lumber mill hand
15. Industry or Business lumber Mill.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ollie Pearl Hammersley
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Humble (City or town) Mo. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Missouri
City of St. Louis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Dr. (First name) Gaynard (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. E. F. DeAtley — Signature
Nevada, Mo. — P. O. Address

My Commission Expires (SEAL) Subscribed and sworn to before me this 18th day of June, 1942.
Notary Public, residing at St. Louis, Mo.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

256-72001 315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350195
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 5
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 5
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Robert Dawson Knox

5. Date of Birth of Child (Month, day, year) Jan. 12, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Bruce Knox
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Beloit (City or town) Kansas (State or foreign country)
14. Exact Occupation Store keeper
15. Industry or Business Grocery

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Lansing
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Salina (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Dr. John Haley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara M. Knox Signature
Melba Ida P. O. Address

Subscribed and sworn to before me this 25 day of June, 1942
(SEAL) Clay E. Todd Notary Public, residing at Melba Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-217001-214

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350200
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marion Ritchie

5. Date of Birth of Child (Month, day, year) Dec 17, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Ritchie
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Idaho City, Idaho (City or town) (State or foreign country)
14. Exact Occupation City Fire Department
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Bauer
17. Color or Race Wh
18. Age at time of THIS birth 22 yrs.
19. Birthplace Soldier City, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 32½ years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary P Bauer Signature
316 Bannock St. Boise Idaho P.O. Address

Subscribed and sworn to before me this 2nd day of July, 1942

(SEAL) John Jackson Probate Judge, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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350215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JUN 26 1942 STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Custer (b) City: Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mrs. Matt La Rouche
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 4 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Custer
(c) City: Chilly
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Chilly, Ida.

4. FULL NAME OF CHILD Clark Claude Larter

5. Date of Birth of Child (Month, day, year) Oct. 28 1904

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Claude Melvotte Larter
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Moroni (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Cordelia Clark
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Mt Pleasant (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 32 years, and that Chas. F. Baker (First name) (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Claude Melvotte Larter Signature
Chilly Idaho P. O. Address

Subscribed and sworn to before me this 24 day of June, 1942.
(SEAL) E. Wiesner Notary Public, residing at Mackay, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires Aug. 1, 1945

Received for filing on JUN 26 1942 by Mary H. Weber, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada Co. (b) City Nampa
(c) Street Address or R.F.D. No. R.F.D. #5
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Nampa
(d) Street Address or R.F.D. No. R.F.D. #5
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Clarence Thomas Andrews

5. Date of Birth of Child (Month, day, year) 8/12/1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William S. Andrews
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Plasterer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Pearl Pethtel
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Ag. Nit.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Live (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Lydia Pearl Pethtel (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J H Murray M.D. Midwife Address Nampa Ida Date June 10 1942

State of California
County of Calaveras } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that J H Murray M.D. (First name) (Last name), who attended this birth Lives at Nampa Idaho (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Lydia Pearl Andrews Signature
Box #38 Murphys, Calif. P. O. Address

Subscribed and sworn to before me this 19th day of Apr, 1942
(SEAL) Geo T Smith Notary Public, residing at Murphys Cal
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350325
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 324 Foster Avenue
(d) Name of Hospital or Maternity Home: Born at the family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene, Idaho
(d) Street Address or R.F.D. No. 324 Foster Avenue
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho - 19 yrs

4. FULL NAME OF CHILD JOSEPH JOHN SHALLIS

5. Date of Birth of Child (Month, day, year) Dec. 14, 1909

6. Sex Male **7.** Twin or Triplet -- If so—born 1st, 2nd, 3rd --- **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ira Hunter Shallis
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Cornish Flats, New Hampshire (City or town) (State or foreign country)
14. Exact Occupation CASHIER
15. Industry or Business American Trust Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Flossy May Larwood
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Agency, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for over 32 years, and that Dr. John Dwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Flossy Larwood Shallis Signature
324 Foster Avenue, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of June, 19 42

(SEAL) Clerk of the District Court Notary Public, residing at By Elsie M. Zeil Deputy.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at family residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Bruneau, Idah

4. FULL NAME OF CHILD Myrtle Vera Hewitt

5. Date of Birth of Child (Month, day, year) July 3, 1909

6. Sex female **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Andrew Hewitt
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Ogden, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Elizabeth Robertson
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Lowell, (City or town) Arkansaw (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 A M. on the date and at the place stated above, and that personal particulars were furnished by Martha Hewitt (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Thelma Johnston ~~M.D.~~ Midwife Address Castleford, Idaho Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, ~~that I have~~ known this person for 32 years, and that Thos. Baker Johnston (First name) (Last name), who attended this birth, living at Castleford, Idaho (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha E. Hewitt Signature
Bruneau, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of June, 19 42.
(SEAL) [illegible] Notary Public, residing at Bruneau, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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350361

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Malad
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Malad Idaho

4. FULL NAME OF CHILD Glenn Carlos Bennett

5. Date of Birth of Child (Month, day, year) May 23 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 mo 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John George Bennett
11. Color or Race White 12. Age at time of THIS birth 49 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Plaster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ann Jones
17. Color or Race White 18. Age at time of THIS birth 44 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Calif. County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 33 years, and that ~~Glenn Carlos Bennett~~ (First name) D. RAY (Last name), who attended this birth CAN NOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lester B Bennett Signature
1702 Morton St Long Beach Calif Address

Subscribed and sworn to before me this 27th day of June, 1942
(SEAL) John H. Ramage Notary Public, residing at Hawthorne, Calif.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mabel Hedges, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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466-118018-692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350366
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Orofino Idaho

4. FULL NAME OF CHILD Theodore Fred Mooers

5. Date of Birth of Child (Month, day, year) 7/18/1909

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred James Mooers
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Lake City (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Louise Weseman
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Verndale (City or town) Minnesota (State or foreign country)
20. Exact Occupation Home Maker
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Armeica Wademan (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Weseman Mooers Signature
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of June, 1942
(SEAL) John R. Phillips Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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350406

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350406
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R. F. D. #1
(d) Name of Hospital or Maternity Home: None—Born in own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 2 months yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD MARTHA MILDRED BRODMERKEL

5. Date of Birth of Child (Month, day, year) January 23, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME GEORGE WILLIAM BRODMERKEL
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Hoboken, (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ELIZABETH WINDSOR HAMILTON
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Pittsburgh, (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Sol. ag. mkt.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know, but had a competent physician.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature J. H. Murray M.D. ~~Midwife~~ Address Nampa Ida Date July 2 1942

State of Florida
County of Duval } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Dr. Murray (First name) of Nampa, Idaho (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth H. Brodmerkel Signature
Route 4 Box 508, Jacksonville, Fla. P. O. Address

Subscribed and sworn to before me this 9th day of June, 1942

(SEAL) Notary Public, State of Florida at Large. My commission expires Oct. 1, 1945. Pauline Wilder Notary Public, residing at Jacksonville, Fla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-224-022-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350458
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Greentimber
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Greentimber
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) 10

4. FULL NAME OF CHILD Anna Mami Halitschke

5. Date of Birth of Child (Month, day, year) 12-24-1909

6. Sex F. **7.** Twin or Triplet Singe If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gustof Halitschke
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Caroline Dittrech
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Arizona
County of Coconino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs M C White Mother
Signature
Bellemont Arizona
P. O. Address

Subscribed and sworn to before me this 29th day of June, 1942

(SEAL) H. L. Russell Notary Public, residing at Flagstaff Ariz

(Note: Perjury is punishable as in Idaho; see Sec. 17-1[illegible] Idaho Code Annotated.)

My Com. Exp. [illegible]

Received for filing on JUL 3 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-114016 249

350483

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

~~CERTIFICATE OF BIRTH~~

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. R.F.D. 4
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county years month days home

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. RFD. 4
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address 1628 Ho Home Ave
3. RESIDENCE of FATHER (city, state) Dead

4. FULL NAME OF CHILD Anthony Ivan Reidhead
5. Date of Birth (Month, day, year) April 14, 1909
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alanson Reidhead
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Burgess
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Pine valley (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6.30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Julia Stirland (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL 1 1942 (Date received) (b) ____ (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Julia Burgess Reidhead Stirland, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Anthony Ivan Reidhead (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Cragma Burgess (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Julia Burgess Reidhead Stirland
Signature
559 E. 5th South St. Salt Lake City Utah
P.O. Address

Subscribed and sworn to before me on this 25th day of June 1942

July 16, 1942 (SEAL) Carl Jackman (Notary Public, residing at Salt Lake City Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-118-042-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350501
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 2 months nondays

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD Charles Joseph Marshall

5. Date of Birth of Child (Month, day, year) May 18, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph P. Marshall
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Versailles (City or town) Ohio (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Brown
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Des Moines (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 33 years, and that Dr. Clouchek (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph P. Marshall Signature
P. O. Address

Subscribed and sworn to before me this 29 day of June, 1942
(SEAL) Notary Public, residing at Twin Falls, Ida
My Commission Expires Jan. 16 1944
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Mary H. Eddins, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1974

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

955-101-042-634

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350515
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Twin Falls (b) City: Twin Falls
(c) Street Address or R.F.D. No.: 3d Ave. West
(d) Name of Hospital or Maternity Home: Home of parents-above address
(e) Mother's stay BEFORE delivery: IN THIS county 3 years 4 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Twin Falls
(c) City: Twin Falls
(d) Street Address or R.F.D. No.: 3d Ave. West
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state): Twin Falls Idaho

4. FULL NAME OF CHILD: Orville Byron Rendahl

5. Date of Birth of Child (Month, day, year): Dec. 1, 1909

6. Sex: Male

7. Twin or Triplet: No — If so—born 1st, 2nd, 3rd: ---

8. No. months of Pregnacy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Benjamin Nikolai Rendahl
11. Color or Race: White
12. Age at time of THIS birth: 32 yrs.
13. Birthplace: Northfield, (City or town) Minnesota (State or foreign country)
14. Exact Occupation: Salesman, Farm Machinery
15. Industry or Business: Farm Implements and Hardware.

MOTHER OF CHILD

16. FULL MAIDEN NAME: Olava Olden
17. Color or Race: White
18. Age at time of THIS birth: 29 yrs.
19. Birthplace: Trondhjem, (City or town) Norway (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: None

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None

23. Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. / Midwife — Address — Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. John Richard Morgan (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olava Olden Rendahl ..... Signature
1731 8th Ave., Oakland, California. ..... P. O. Address

Subscribed and sworn to before me this 29th day of June, 1942
(SEAL) ..... Notary Public, residing at Oakland, Calif.
NOTARY PUBLIC
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) In and for the County of Alameda, State of Calif.

Received for filing on JUL 2 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-123-019-361

350519

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Mackay, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 6 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Chilly
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6yrs 7mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Chilly, Idaho

4. FULL NAME OF CHILD Roberty Dare Wilson

5. Date of Birth of Child (Month, day, year) July 23, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Robert Henry Wilson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Moroni, Sanpete County, Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ann Marion Coates
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Mt. Pleasant, Sanpete, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
[illegible]mber of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah, County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all his life years, and that Dr. Charles Baker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ann Marion Wilson Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of July, 1942.

(SEAL) Arthur Dykes Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-111 022 845

350543

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Hibbard
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Hibbard
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Hibbard, Idaho

4. FULL NAME OF CHILD Frederick Hunt Johnson

5. Date of Birth of Child (Month, day, year) March 11, 1909

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 7

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Aston Johnson
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Providence (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Eliza Hunt
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace West Weber (City or town) Utah (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that Dr. Lorin F. Rich (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Eliza Johnson Signature
52 North 3rd West Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of July, 1942

(SEAL) ..... Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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666 108 008 264

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350608
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Sweet, Idaho

4. FULL NAME OF CHILD William Martin Woody

5. Date of Birth of Child (Month, day, year) Nov. 8, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dan. W. Woody
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Emmett (City or town) Idaho (State or foreign country)
14. Exact Occupation Forest Ranger
15. Industry or Business U.S. Forest Service

MOTHER OF CHILD

16. FULL MAIDEN NAME Marjorie Gertrude Soule
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Princeton (City or town) Minnesota (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Dan W. Woody (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

Mrs. Hanley, Midwife is Deceased

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Mrs Hanley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dan W Woody Signature
4101-Vicksburg Ave Los Angeles P. O. Address

Subscribed and sworn to before me this 29th day of June, 1942
(SEAL) Evelyn J Muller Notary Public, residing at Los Angeles
My Commission Expires July 31, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 2 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165 124030-498

350624

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City North Fork
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 31 months 10 days 8

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City North Fork
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) North Fork, Idaho

4. FULL NAME OF CHILD Jesse J. Jones

5. Date of Birth of Child (Month, day, year) June 24, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Levi Reed Jones
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Flint (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Stella Dryer
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Ida Grove (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business School teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum none known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 33 years, and that Mrs. (First name) Eldridge (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maple J. McElvain ..... Signature

2511 N. Washington St. Spokane, Wash. ..... P. O. Address

Subscribed and sworn to before me this 26th day of June, 1942

(SEAL) E. E. McElvain Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-22-5096-696

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350686
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Boulder
(c) Street Address or R.F.D. No. R.F.D #1
(d) Name of Hospital or Maternity Home: Born in own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 9 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Boulder
(d) Street Address or R.F.D. No. R.F.D #1
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Boulder, Idaho

4. FULL NAME OF CHILD Lucie Emma Nelson

5. Date of Birth of Child (Month, day, year) March 25, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Hans Peter Nelson
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Manti, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Penina Frost
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Spring City, Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

Mrs. C. Peterson moved away -

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 33 years, and that Elvira Peterson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rebecca Penina Frost Nelson — Signature
710 N. Burton — Burley, Idaho — P. O. Address

Subscribed and sworn to before me this 6th day of July, 19 62
(SEAL) Nancy W. Lusk Notary Public, residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-130-009-712

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350716
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Bonners Ferry
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gregory Joseph Gerl

5. Date of Birth of Child (Month, day, year) August 30, 1909

6. Sex Male Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Gerl
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Wassumpm (City or town) Austria (State or foreign country)
14. Exact Occupation Millworker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Marie Gaspar
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Eurn (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above that I am now 32 years of age, that I have known this person for — years, and that Dr Fry (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Marie Gerl Signature
703-Longfellow P.O. Address

Subscribed and sworn to before me this 7 day of July, 1942
(SEAL) Notary Public, residing at Spokane Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1942 by Mary E. Gilson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-222-225-241

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350717
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Idaho (b) City: Lucile
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at the Blue Jacket mine
(e) Mother's stay BEFORE delivery: IN THIS county 8 years 11 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Idaho Co
(c) City: Lucile
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) about 15 yrs

4. FULL NAME OF CHILD Bertha Marie Greigs

5. Date of Birth of Child (Month, day, year) Jan 22 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Greigs
11. Color or Race White **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Colorado Springs Colorado (City or town) (State or foreign country)
14. Exact Occupation Miner gold
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha May Smathers
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Oregon City, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that Victor (First name) Fogsett (Last name), who attended this birth deceased (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha May Greigs Potter Signature
P. O. Address

Subscribed and sworn to before me this 7 day of July, 1942
(SEAL) W E Singleton Notary Public, residing at Oregon City, Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
My Commission Expires July 14, 1945

Received for filing on JUL 8 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

397-204-001-555

350802

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Star
(c) Street address or R. F. D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street address or R. F. D. No.
(e) How long has MOTHER lived in Idaho? 41 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Boise

4. FULL NAME OF CHILD Margaret Mabel Light

5. DATE OF BIRTH (Month, day, year) Mar. 4 1909

6. Sex F.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Bernard E. Light

11. Color or Race W

12. Age at time of THIS birth 29 yrs.

13. Birthplace Star (City or Town) Idaho (State or foreign country)

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Everett

17. Color or Race W

18. Age at time of THIS birth 21 yrs.

19. Birthplace Boise (City or Town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum credis solution

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 1:40 P. M. on the date and at the place stated above, and that personal particulars were furnished by Eva (First name) Light (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 10 1942 (Date received) (B) Mabel Hedges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature C W Stull M. D. (D. O., Midwife, etc.)
and address Star Idaho Date June 9 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAR 9 1945

NOV 19 1970

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

216-109-036-593

350814

350814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350814
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Frank Hyrum Sawyer

5. Date of Birth of Child (Month, day, year) June 9, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hyrum Sawyer
11. Color or Race Wh **12.** Age at time of THIS birth 50 yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Nicholas
17. Color or Race Wh **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Malad, (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by Emma Sawyer (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature C J Wright M.D. Midwife ~~Midwife~~ 866 Ogden ave Date 7-7-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Maurl F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-213-019-432

350838

350838

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 19 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Mackay, Idaho

4. FULL NAME OF CHILD Kathryn Patricia Donahue

5. Date of Birth of Child (Month, day, year) July 13, 1909

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Terrence Donahue
11. Color or Race White 12. Age at time of THIS birth 54 yrs.
13. Birthplace near Montreal, Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer and Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Honora McKelvey
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Coaldale, Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 35 years, and that Dr. Charles Baker (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna H. Hosford Signature
1411 Hays, Boise Idaho P. O. Address

Subscribed and sworn to before me this 17 day of July 1942
(SEAL) E. A. Brodhead Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1942 by Mary F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-107-032-465

JUL 22 1942

350869

350869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? life yrs.
3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Hubert Stanley Reed
5. Date of Birth of Child (Month, day, year) 8/7-1909
6. Sex Boy
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Chas. Lee Reed
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Caldwell, Idaho (City or town) (State or foreign country)
14. Exact Occupation Rail Road Clerk
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mae Minnie Montgomery
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum this child only
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8 P.M. on the date and at the place stated above and that personal particulars were furnished by Minnie (First name) Reed (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. G. Baugh M.D. ~~Midwife~~ Address Shoshone Ida Date 7-20-42

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that Dr. Baugh (First name) (Last name), who attended this birth, cannot be definitely located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mae M. Reed Signature
Atlanta, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of July 1942
My Term expires Dec. 3rd 1942 (SEAL) Justice of Peace, Atlanta Precinct
Notary Public, residing at Elmore County State of Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-114-022-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350877
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Fremont (b) City: Marysville
(c) Street Address or R.F.D. No.: —
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 1 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Fremont
(c) City: St. Anthony
(d) Street Address or R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state): St Anthony, Idaho.

4. FULL NAME OF CHILD: Max Kendall Stalker

5. Date of Birth of Child (Month, day, year): May 14, 1908

6. Sex: Male **7.** Twin or Triplet: — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy: 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Joseph B. Stalker
11. Color or Race: White **12.** Age at time of THIS birth: 38 yrs.
13. Birthplace: Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation: Farmer.
15. Industry or Business:

MOTHER OF CHILD

16. FULL MAIDEN NAME: Amelia Mahetable Seely ~~Stalker~~
17. Color or Race: White **18.** Age at time of THIS birth: 34 yrs.
19. Birthplace: Mount Pleasant (City or town) Utah (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Teton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 33 years, and that Dr. (First name) Young (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph B. Stalker — Signature
Felt Idaho — P. O. Address

Subscribed and sworn to before me this 30 day of June, 1942
(SEAL) ..... Notary Public, residing at Teton
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818-218-029595

350890

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ranch home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Maxine Elaine Haylett

5. Date of Birth of Child (Month, day, year) May 18 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel H. Haylett
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace La Crosse (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Vinson
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Lebanville (City or town) Missouri (State or foreign country)
20. Exact Occupation Farm wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for ..... years, and that Dr. W. H. Ehlen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Vinson Haylett — Signature
Sheaville Oregon — P. O. Address

Subscribed and sworn to before me this 9th day of January 1942

(SEAL) Gabriel Elosi — Notary Public, residing at Portland Oregon

Notary Public for Oregon
My Commission Expires March 26, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1942 by Mary E. Ehlen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-206-028-619

350903

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootnai (b) City Gibbs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State WASH. (b) County Kootnai
(c) City GIBBS (Formerly called Lakeside)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) GIBBS IDAHO

4. FULL NAME OF CHILD Olive Lucile Shearer

5. Date of Birth of Child (Month, day, year) Sept 6, 1909

6. Sex FEMALE 7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Rodney DeLay Shearer
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Chelsia (City or town) Wis. (State or foreign country)
14. Exact Occupation Mill Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Mae Farrington Shearer
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Minn. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature John Ollwood M.D. Midwife Address July 3 1942 Coeur d'Alene Ida. Date

State of Washington
County of Whatcom } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Dr. Ollwood (First name) (Last name), who attended this birth Coeur d'Alene (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Mae Shearer Signature
2515 Valencia St. Bellingham Wash. P. O. Address

Subscribed and sworn to before me this 13 day of June, 1942
(SEAL) L. C. Short Notary Public, residing at Bellingham
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Mabel Kelley, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-107-028-463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350915
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 4th St
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 4TH STREET
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clarence Frank Lowry

5. Date of Birth of Child (Month, day, year) Nov 7 - 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Herbert Lowry
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Joplin (City or town) Missouri (State or foreign country)
14. Exact Occupation Marine Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Metha Louise ~~Lowry~~ McKENTHIN
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Alpena (City or town) Michigan (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that DR. JOHN WOOD (First name) (Last name), who attended this birth CANNOT LOCATE (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Metha Louise Lowry Signature
P. O. Address

Subscribed and sworn to before me this 10th day of July 1942

(SEAL) H. C. SANDVEN NOTARY PUBLIC in and for the County of Los Angeles, State of California.
My Commission Expires March 27, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 10 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

[redacted]

Chapter 191, 1911 Session Laws, has not been recorded, or in case of [redacted] date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-107-222-693

350931

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Howe
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: No
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Howe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD William Minielly

5. Date of Birth of Child (Month, day, year) Jan. 7, 1909

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Canton Minielly
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Williams
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Franklin (City or town) Maine (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I do not know

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oklahoma
County of Tulsa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 33 years, and that Mrs. Dick Kyle (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vera Minielly
Signature

1346 North St. Louis St. Tulsa, Okla.
P. O. Address

Subscribed and sworn to before me this 9th day of July, 1942

(SEAL) Nell M. Clarke Notary Public, residing at Tulsa, Okla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. expires 10-25-43

Received for filing on JUL 13 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-132-036-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350943
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Angus Lorenzo Sheriff

5. Date of Birth of Child (Month, day, year) Oct-30-1909

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leslie Thomas Sheriff
11. Color or Race white **12.** Age at time of THIS birth yrs.
13. Birthplace Morgan, Kentucky (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosezella Stocking ~~Sheriff~~
17. Color or Race white **18.** Age at time of THIS birth yrs.
19. Birthplace Herriman, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Nitrate Silver

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature D C Ray M.D. Midwife Address Pocatello Date 7-2-1942

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel K. Gillian, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

599-118-029-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350947
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: Moscow
(c) Street Address or R.F.D. No.: 5
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Moscow
(d) Street Address or R.F.D. No.: 5
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD John Emil Erickson

5. Date of Birth of Child (Month, day, year) October 18, 1909

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Emil Erickson
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Ostead (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary J. Holten
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Kirkeasterasen (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate Sol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Mrs. Hans Thompson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary Erickson Signature
R#1 Moscow Idaho P. O. Address

Subscribed and sworn to before me this 24 day of June, 19 42
(SEAL) Hazel A. Shirley, Deputy Notary Public, residing at Moscow
By Frances Schwert Deputy
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mary Fielders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Tftle 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-119-011-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350959
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: delivery at home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Frank Elisha Howe

5. Date of Birth of Child (Month, day, year) Feb 19 1909

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Archie Phillip Howe
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Augusta (City or town) Eau Claire Co. Wisconsin (State or foreign country)
14. Exact Occupation driving team
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ova Sarah Richardson
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Town of Brunswick (City or town) Eau Claire Co. Wis. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Placer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for Since birth years, and that E. E. Fry M.D. (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Archie Phillip Howe Signature
Chicago Park, Calif. P. O. Address

Subscribed and sworn to before me this 10th day of July, 19 42
(SEAL) Stella S. Moore Notary Public, residing at Colfax, Placer Co. Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel H. Gilbert, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-110-033-617

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350975
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. 36 So. 3rd East
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. 36 So. 3rd E.
(e) How long has **MOTHER** lived in Idaho? 57 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idaho

4. FULL NAME OF CHILD Orval Walker Sorensen

5. Date of Birth of Child (Month, day, year) Jul. 10, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Alfred Sorensen
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Huntsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Decorator
15. Industry or Business Painting & Decorating Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theodocia May Walker
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Lewisville, Idaho (City or town) (State or foreign country)
20. Exact Occupation homemaker
21. Industry or Business homemaker

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 68 years of age, that I have known this person for 33 years, and that May (First name) Nelson (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Alfred Sorensen — Signature

Rexburg, Idaho — P. O. Address

Subscribed and sworn to before me this 10th day of July, 1942

(SEAL) ..... Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

114-223-229-485

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350990
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 mo yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elsie May James

5. Date of Birth of Child (Month, day, year) Aug. 23-1909

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ora Austin James
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Minonk (City or town) Ill. (State or foreign country)
14. Exact Occupation Attendant at State Hostipal
15. Industry or Business at Orofino.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Myers
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Winot (City or town) Nebr. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of So. Dak.
County of Bon Homme } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that Mrs. Anderson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora Austin James Signature
Springfield, So. Dak. P. O. Address

Subscribed and sworn to before me this 7th day of July, 19 42

(SEAL) Nyle Vaun Notary Public, residing at Springfield, S.D.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 10 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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913-215-009-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350992
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNER (b) City SANDPOINT
(c) Street Address or R.F.D. No. 906 ELLA AVE
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ONE years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNER
(c) City SANDPONT
(d) Street Address or R.F.D. No. 906 ELLA AVE
(e) How long has **MOTHER** lived in Idaho? ONE yrs.

3. RESIDENCE OF FATHER (city, state) THESAME

4. FULL NAME OF CHILD MARGARET TERESA ZACHARA

5. Date of Birth of Child (Month, day, year) July 15 1909

6. Sex FAMELE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy NINE **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME LADISLAUS ZACHARA
11. Color or Race WHITE **12.** Age at time of THIS birth 32 yrs.
13. Birthplace IMPERIAL (City or town) AUSTRIA (State or foreign country)
14. Exact Occupation JOINER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARIE HAMMERLE
17. Color or Race WHITE **18.** Age at time of THIS birth 28 yrs.
19. Birthplace IMPERIAL (City or town) AUSTRIA (State or foreign country)
20. Exact Occupation HOUSWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at BIRTH SANDPOIT M. on the date and at the place stated above, and that personal particulars were furnished by MARIE (First name) HAMMERLE (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature THE ONLY LIVING PERSON, AND MOTHER ALSO AND SPONSORS, JOSEF Regesburger Midwife Address LIVING MRS Date +

State of WASHINGTON
County of KING } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now -65- years of age, that I have known this person for all her life years, and that LADISLAUS (First name) ZACHARA (Last name), who attended this birth, MARGARET TERESA ZACHARA (Is now deceased) or (Cannot be located), further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ladislaus Zachara Signature
1137-7th St. Bremerton Wn. P. O. Address

Subscribed and swern to before me this 7 day of July, 1942
(SEAL) Ebert Raymond Notary Public, residing at Seattle, Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912, Idaho Code Annotated)

Received for filing on JUL 10 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage, to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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793-131-028-334

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350998
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) White Bird, Id

4. FULL NAME OF CHILD George Francis Gilbert

5. Date of Birth of Child (Month, day, year) Oct. 31, 1909

6. Sex Male **7.** Twin or Triplet X If so—born 1st, 2nd, 3rd X **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carol Bertelle Gilbert
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Iowa (City or town) Oregon (State or foreign country)
14. Exact Occupation Saw mill Worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie May Clupfel
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Fairmont Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's OWN signature X M.D. Midwife Address X Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 plus years, and that Mrs. --- Newton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carol Bertelle Gilbert Signature
White Bird, Idaho. P. O. Address

Subscribed and sworn to before me this 9 day of July, 19 42
(SEAL) T.T. Bothwell Notary Public, residing at Grangeville, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1942 by Mary E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

454-110-003-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351003
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Tormar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 45 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Page William Medford

5. Date of Birth of Child (Month, day, year) Jan 10th 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Medford
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Tormar (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Harris
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Peakmond (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by Gertrude Harris Medford (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ellis Kackley M.D. Midwife Address Soda Springs, Idaho Date 7-10-42

State of ..... County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel Peters, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 18 1963

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-16-277-695

351005

United States
Department of Commerce
Bureau of the Census

JUL 13 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Reynolds
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years 1 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Reynolds
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Reynolds, Ida.

4. FULL NAME OF CHILD GEORGE MANCE BRUNZELL

5. Date of Birth of Child (Month, day, year) March 16, 1909

6. Sex male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oscar Frederick Brunzell
11. Color or Race White **12.** Age at time of THIS birth 45 yrs.
13. Birthplace Arvika, Sweden (City or town) (State or foreign country)
14. Exact Occupation County Assessor
15. Industry or Business County Assessor

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Ellen Winchester
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Silver City, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Owyhee, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Feeney (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Ellen Brunzell Signature
Murphy, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of July, 19 42
(SEAL) Milo Ayelsen Notary Public, residing at Murphy, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel Ayelsen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-22910 25 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351035
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Glenwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Glenwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Glenwood Ida.

4. FULL NAME OF CHILD Freda Margaret Harris

5. Date of Birth of Child (Month, day, year) July-29-1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 7 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Thomas Harris
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Eagle Grove (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mazbelle Ann Williams
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Pleasant Hill (City or town) Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Matilda (First name) Harris (Last name), who attended this birth was now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred T. Harris Signature
P. O. Address

Subscribed and sworn to before me this 11 day of June, 1942
(SEAL) H. Wade Nelson Notary Public, residing at Kamiah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mary H. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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432-216-019-45-2

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351042
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No. Mackay
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marion Ellen McKenzie

5. Date of Birth of Child (Month, day, year) July 16 1909

6. Sex Female

7. Twin or Triplet — If so—born ~~1st, 2nd~~, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Kenneth McKenzie
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Imlay City (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Kenzie
17. Color or Race White
18. Age at time of THIS birth 3 yrs.
19. Birthplace Salmon City (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:45 P M. on the date and at the place stated above, and that personal particulars were furnished by Kenneth McKenzie (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Mackay Date Jan

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 32 years, and that Ida Hartley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

K McKenzie ....Signature
Mackay Idaho ....P. O. Address

Subscribed and sworn to before me this 10 day of July, 1942

(SEAL) N. Greene Notary Public, residing at Mackay, Idaho
My Commission Expires Aug. 1, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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419-211-025-959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351048
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years ten months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Winona, Idaho

4. FULL NAME OF CHILD Mary Odelle Martzen

5. Date of Birth of Child (Month, day, year) Sept. 11, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Martzen
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Hoschead (City or town), Luxembourg (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Reiser
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Hoschead (City or town), Luxembourg (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 32 years, and that Dr. Michals (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Martzen — Signature
Cottonwood, Idaho — P. O. Address

Subscribed and sworn to before me this 9 day of July, 1942
(SEAL) Jeby Martzen — Notary Public, residing at Cottonwood

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1942 by Mary F. Fielding, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-131-014-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351079
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Clarence Martin Linden

5. Date of Birth of Child (Month, day, year) Oct. 31, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles George Linden
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Durham (City or town), Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Josephine Martin
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Beaver Canyon (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Chas. G. Linden (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Burton O. Clark M.D. ~~Midwife~~ Address Vet. adm. Boise Idaho Date 3-19-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-202-022-355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 351094
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County: Fremont (b) City: Hilford
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State: Idaho (b) County: Bonneville
(c) City: Ucontrary Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs. yrs.
(f) Mother's mailing address: 6-38 1/2
3. RESIDENCE OF FATHER (city, state): Ucontrary Idaho

4. FULL NAME OF CHILD: Cecilia Barney
5. Date of Birth (Month, day, year): 2nd Feb 1909
6. Sex: Girl
7. Twin or Triplet: twin If so, born 1st, 2nd, 3rd: 2nd
8. No. months of Pregnancy: 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: James Peter Barney
11. Color or Race: white
12. Age at time of THIS birth: 55 yrs.
13. Birthplace: Horsens (City or town) Denmark (State or foreign country)
14. Exact Occupation: Sawyer
15. Industry or Business: Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME: Alice Lee
17. Color or Race: white
18. Age at time of THIS birth: 37 years
19. Birthplace: Tooele City (City or town) Utah (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Industry

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 9 (b) Born alive and now living: 6
(c) Born alive and now dead: 3 (d) Stillborn: None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) JUL 13 1942 (Date received) (b) Mark Heller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Alice Barney, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Cecilia Barney (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Belle Reg. Gr. (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Mrs Alice Barney Name
6-38 1/2 Jabonera Rd. P. O. Address

Subscribed and sworn to before me on this 10th day of July

(SEAL) James G. Cuddeb Notary Public, residing at Bell Calif.

My Commission Expires April 27, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

394-223-00-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

351100

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years 8 months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address: Boise, Idaho
3. RESIDENCE OF FATHER (city, state): Boise, Ida.

4. FULL NAME OF CHILD: Thelma Eilene Truitt
5. Date of Birth (Month, day, year): Feb. 23, 1909
6. Sex: female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME: Charles Lee Truitt	16. FULL MAIDEN NAME: Grace Nettie Taylor
11. Color or Race: white	17. Color or Race: white
12. Age at time of THIS birth: 36 yrs.	18. Age at time of THIS birth: 28 years
13. Birthplace: Missouri (City or town) U.S.A. (State or foreign country)	19. Birthplace: Fountain, (City or town) Colorado, (State or foreign country) U.S.A.
14. Exact Occupation: Foreman	20. Exact Occupation: Housewife
15. Industry or Business: Stonequarry	21. Industry or Business: Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 14 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of: California
County of: Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace Nettie Truitt, being first duly sworn, say that I am related to (Related to (or) acquainted with) Thelma Eilene Truitt (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Van Note (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Grace Nettie Truitt — Name
408 N. Orange Ave., Hynes, Calif. — P. O. Address

Subscribed and sworn to before me on this 9th day of July, 1942

(SEAL) Nida E. Graves Notary Public, residing at 400 S. Mayo Compton, Calif.

My Commission Expires October 9, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW.

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

435-113-016-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351117
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. Main St.
(d) Name of Hospital or Maternity Home: delivery at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. Main St.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD William Antone McEwen

5. Date of Birth of Child (Month, day, year) 8/13/1909

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Riley McEwen
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Panguitch (City or town) Utah (State or foreign country)
14. Exact Occupation City Marshall--~~xxxxxxxxx~~
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Elizabeth Griffith [redacted]
17. Color or Race white **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:05 A.M. on the date and at the place stated above, and that personal particulars were furnished by Pearl E. (First name) McEwen (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Union } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr. Earnest Oldham (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Pearl Elizabeth McEwen Signature
2013 Oak St. LaGrande, Oregon P. O. Address

Subscribed and sworn to before me this 13th day of July, 1942.
(SEAL) Margaret Fry Notary Public, residing at Pendleton
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.) My Commission Expires March 15-1946

Received for filing on JUL 14 1942 by Mark Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-122-036-819

351125

United States
Department of Commerce
Bureau of the Census

JUL 15 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eldon Green Taylor

5. DATE OF BIRTH (Month, day, year) Oct 22 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Rosel Taylor

11. Color or Race white

12. Age at time of THIS birth 41 yrs.

13. Birthplace Kaysville Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Harris

17. Color or Race white

18. Age at time of THIS birth 40 yrs.

19. Birthplace Kaysville Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housewufe

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 9
(c) Born alive and now dead 2 (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Susan Taylor (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL 14 1942 (Date received) (b) Maurl F Eldredge (Registrar's signature)

25. Attendant's OWN signature G. W. Stokes M.D. (D.O., Midwife, etc.)
and address Preston, Ida. Date 7/14/42

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JUL 23 1942

AUG 12 1971

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

319-119-029-918

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 351126
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County LATAH (b) City Deary
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City DEARY
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Deary, Ida.

4. FULL NAME OF CHILD Bonner Lewis Carlson

5. Date of Birth (Month, day year) August 19, '09

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** CHARLES OTTO CARLSON
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace STOCKHOLM (City or town) SWEDEN (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA DAHLGREN
17. Color or Race White
18. Age at time of THIS birth 23 yrs
19. Birthplace (City or town) SWEDEN (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Charles Otto Carlson (First name) (Last name), who is related to this child as FATHER (Mother, etc.).

26. (a) JUL 14 1942 (Date received) Mary Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Christina Dahl M.D. (D.O., M.D.)
and address Deary, Idaho Date July 10, 1942

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

696-206-021-286

351216

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Weston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho, (b) County Franklin
(c) City Weston,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bessie Isabell Fifield,

5. Date of Birth of Child (Month, day, year) Oct. 6, 1909

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank M. Fifield
11. Color or Race white **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Weston, Idaho, (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah A. Shoupe
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Weston, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 32 years, and that Mary Fredrickson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lee Fifield Signature
Contact, Nevada. P. O. Address

Subscribed and sworn to before me this 12th day of June, 19 42.

(SEAL) Notary Public, residing at Idaho Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9106 Idaho Code, Annotated)

Received for filing on JUL 16 1942 by Mabel Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

258-126-014-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351236
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City none
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City none
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Stephen Snyder

5. Date of Birth of Child (Month, day, year) 12/26/09

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George William Snyder
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Rice
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace British Isles (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was unknown (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Cascade } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Foster-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Perry Stocking Signature
Great Falls, Montana P. O. Address

Subscribed and sworn to before me this 14 day of July 1942

(SEAL) A. H. Gray Notary Public, residing at Great Falls
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Commission expires July 23-1942

Received for filing on JUL 16 1942 by Mark Hefferle, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

517-130-009-428

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351253
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Granite
(c) Street Address or R.F.D. No. Granite Post Office
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Granite
(d) Street Address or R.F.D. No. Granite Post Offie
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Granite, Idaho

4. FULL NAME OF CHILD Stephen Edw ard Napier

5. Date of Birth of Child (Month, day, year) Sept. 30, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Cyrus Napier
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Charlotte Usher
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Anoka, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 70 years of age, that I have known this person for 32 years, and that Unknown (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jac D Napier
Signature

Rte 6, Spokane, Wash.
P. O. Address

Subscribed and sworn to before me this 20 day of April, 1942

(SEAL) Clarence P. Smith Notary Public, residing at Spokane, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-216 (10-553)

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352306
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Lincoln
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Lincoln
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Anna Mathilda Blom

5. Date of Birth of Child (Month, day, year) Jan. 16, 1909

6. Sex Female **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd X **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Jacob Emanuel Blom
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Lovele (City or town), Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Nelson
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Varney (City or town), Ill (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 33 years, and that Dr. G. W. Pendleton (First name) (Last name), who attended this birth Cannot be located (~~Is now deceased~~) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Blom Signature
Eugene, Oregon P. O. Address

Subscribed and sworn to before me this 13th day of July, 1942.
(SEAL) John B. Rice Notary Public, residing Eugene, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Com. Exp 3/9/46.

Received for filing on JUL 18 1942 by Mabel E. Lilienthal, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352316
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Willard Franklin Trepus

5. Date of Birth of Child (Month, day, year) 9-21-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Oliver Trepus
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Freeport, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude May Waite
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Hinsdale New York (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Washington
County of Kitsap } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 39 years, and that Doctor (First name) Phillips (Last name), who attended this birth, was deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geri P. Vanel ..... Signature
Star R 2 206A Bremerton ..... P. O. Address

Subscribed and sworn to before me this 15th day of July, 19 42
(SEAL) Edward S. Morton ..... Notary Public, residing at Bremerton.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1942 ..... by ....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such~~ report ~~may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Nez Perce (b) City: Spalding
(c) Street Address or R.F.D. No.: Post Office Box
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Nez Perce
(c) City: Spalding, Idaho.
(d) Street Address or R.F.D. No.: PostOffice Box
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Spalding, Idaho.

4. FULL NAME OF CHILD Opal May Sampson

5. Date of Birth of Child (Month, day, year) February 17, 1909

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Sampson
11. Color or Race: White
12. Age at time of THIS birth: 44 yrs.
13. Birthplace: Eugene, Oregon (City or town) (State or foreign country)
14. Exact Occupation: Farmer and Stockman
15. Industry or Business: Sheepman and diversifed farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Manie B elle Rogers
17. Color or Race: White
18. Age at time of THIS birth: 37 yrs.
19. Birthplace: Walla Walla, Washington (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Homemaker

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Boric acid solution

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Mrs. L.C Rogers, M.D. Midwife Address Lapwai Idaho Date July 6/42

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for life years, and that Mrs. L. C. Rogers (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie Belle Rogers Sampson Signature
Lapwai, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of July 1942

(SEAL) [signature] Notary Public, residing at Lewiston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City Boise
(c) Street Address or R.F.D. No. 409 Main St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Born here
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ADA
(c) City Boise
(d) Street Address or R.F.D. No. 409 Main St
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Mansfield Alanson Watts

5. Date of Birth of Child (Month, day, year) June 30, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full time

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alanson Darwin Watts
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Jefferson Creek (City or town) ~~Montana~~ Mo. (State or foreign country)
14. Exact Occupation Traveling Salesman
15. Industry or Business Fine Arts

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Adeline Mattoch
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Milltown (City or town) New Jersey (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of New York
County of Dutchess } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that ..... (First name) ..... (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Elizabeth A. Watts Signature
Beekman St. Poughkeepsie N.Y. P.O. Address

Subscribed and sworn to before me this ..... day of July 19 42
(SEAL) ..... Notary Public, residing at Poughkeepsie

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-227033-463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352382
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Salem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Salem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Salem, Idaho

4. FULL NAME OF CHILD Thelma Peck

5. Date of Birth of Child (Month, day, year) Dec. 27, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Cannon Peck
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Peck's Creek, Summit Co. Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming & cattle raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith May Bollwinkel
17. Color or Race White **18.** Age at time of THIS birth 46 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1%
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Edith May Peck (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Dr Josephine Walker M.D. ~~Midwife~~ Address Ruby Jr. Idaho. Date 12/27-1909.

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for since birth years, and that Dr. Walker (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Father) George C. Peck

Edith May Peck Signature
1067 Molino Ave. Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 29 day of June, 1942

(SEAL) J. A. Smith Notary Public, residing at Long Beach, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.) Commission Expires March 29, 1944

Received for filing on JUL 1 1942 by ..., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? [redacted] yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman, Idaho

4. FULL NAME OF CHILD Archie Merrill Boyer

5. Date of Birth of Child (Month, day, year) Feb. 8, 1909

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank William Boyer
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Clay County (City or town) Illinois (State or foreign country)
14. Exact Occupation Riger—Idaho Power Co.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Clear Tolman
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Hagerman (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Inyo } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 55 years of age, that I have known this person for 33 years, and that Mrs Cristina Boyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mabel C. Boyer ..... Signature
Lone Pine, Calif. Box 174 ..... P. O. Address

Subscribed and sworn to before me this 14th day of July, 1942

(SEAL) Dorothy M. Gilmore ..... Notary Public, residing at Lone Pine, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Jan. 30th, 1944

Received for filing on JUL 20 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352392
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. 602 Midway
(d) Name of Hospital or Maternity Home:
Residence, 602 Midway St., Filer
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years 8 months 29 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No. 602 Midway St.
(e) How long has **MOTHER** lived in Idaho? 3 3/4 yrs.

3. RESIDENCE OF FATHER (city, state) Filer, Idaho

4. FULL NAME OF CHILD Victor Earl Smith

5. Date of Birth of Child (Month, day, year) Jan. 30, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Douglas Smith
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Cave Springs (City or town) Missouri (State or foreign country)
14. Exact Occupation Coal Dealer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Catherine Bozarth
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Afton (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 33 years, and that Dr. Charles Watherbee (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katie B. Smith — Signature
Filer, Idaho, Box 397 — P. O. Address

Subscribed and sworn to before me this 18th day of July, 1942.
(SEAL) ..... Notary Public, residing at Filer Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
Own home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Merritt Koons Thornhill

5. Date of Birth of Child (Month, day, year) 12-16-1909

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles C. Thornhill
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Princeton (City or town) Missouri (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Implement Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Koons
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Malad City (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for.....years, and that Dr. Everett Sigler (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles C. Thornhill Signature
American Falls Idaho P. O. Address

Subscribed and sworn to before me this 15 day of June, 1942.
(SEAL) E. E. Langland Notary Public, residing at American Falls
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1942 by Mabel Robertson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Newport, Ida.
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
At home.
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Newport
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 10 months.

3. RESIDENCE OF FATHER (city, state)
Newport, Idaho

4. FULL NAME OF CHILD Birdia Hannah Dougherty

5. Date of Birth of Child (Month, day, year) August 9, 1909

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Dougherty
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Streeter, Illinois (City or town) (State or foreign country)
14. Exact Occupation Saloon Man
15. Industry or Business Saloon

MOTHER OF CHILD

16. FULL MAIDEN NAME Georgia Hill
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Russia (City unknown) (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr. Rogers & Mrs. McCool (First name) (Last name), who attended this birth Dr. Rogers whereabouts unknown, Mrs. McCool, Dead (Is now deceased? or Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgia Dougherty Signature
Sagle, Idaho P.O. Address

Subscribed and sworn to before this 2nd day of July, 1942.

(SEAL) [illegible] Notary Public, residing at Sandpoint, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Anita Caroline Baldwin

5. Date of Birth of Child (Month, day, year) July 21, 1909

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alvin Joslin Baldwin
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Mt. Ayr (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Jane Geesa
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Cottage Grove (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was — (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by — (First name) — (Last name), who is related to this child as — (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Polk } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that C. C. Conant (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha J. Baldwin Signature
135 E. Birch St. Dallas, Ore. P. O. Address

Subscribed and sworn to before me this 16th day of July, 1942

(SEAL) Martin Pregram Notary Public, residing at Dallas, Oregon

My comm. exp. July 10, 1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 211 W. 2nd Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 9 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Twin Falls
(c) City TWIN FALLS
(d) Street Address or R.F.D. No. 211 W. 2nd. St.
(e) How long has **MOTHER** lived in Idaho? 9 mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) TWIN FALLS, Idaho

4. FULL NAME OF CHILD Kenneth Lee White

5. Date of Birth of Child (Month, day, year) AUGUST 19, 1909

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Lee Wright White
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace — (City or town) KANSAS (State or foreign country)
14. Exact Occupation Clerk in Drug Store
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle M. HORTON
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Claremont (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of SAN FRANCISCO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that DR. (First name) MORGAN (Last name), who attended this birth IS NOW deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle M Horton Lilly ..... Signature
1739 PINE St. SAN FRANCISCO, CALIF. ..... P. O. Address

Subscribed and sworn to before me this 13 day of July, 1942.
(SEAL) Helen Collins Notary Public, residing at San Francisco, State of California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.

NOTARY PUBLIC in and for the City and County of San Francisco, State of California
My Commission Expires December 21, 1942

Received for filing on JUL 22 1942 by Mary H. Gallen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 23 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been ~~recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352524
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4½ mo. yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD Emma Elizabeth Campbell

5. Date of Birth of Child (Month, day, year) July 15, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Peter VanDerveer Campbell
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Rocky Hill (City or town) New Jersey (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Holbrook
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Tarkio, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Dr. O. H. Avey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Campbell Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of July, 1942.
(SEAL) Helen F. Munn Notary Public, residing at Payette, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by Mary F. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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352557

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352557
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD Marie Woodie

5. Date of Birth of Child (Month, day, year) March 19, 1909

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Woodie
11. Color or Race W
12. Age at time of THIS birth 25 yrs.
13. Birthplace (City or town) (State or foreign country) North Carolina
14. Exact Occupation Ferry Boat Operator
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Beran
17. Color or Race W
18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) (State or foreign country) West Virginia
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Foster sister (Mother, etc.) Was present at time of birth. of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Elizabeth Phipps (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice A. Osborn Signature

Route 4, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of July, 19 42

(SEAL) Ross A Haworth Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1942 by Maud F. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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352-561

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352561
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County MINADOKA (b) City HEYBURN
(c) Street Address or R.F.D. No. UNION PACIFIC DEPOT
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 38 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County MINADOKA
(c) City HEYBURN
(d) Street Address or R.F.D. No. UNION PACIFIC DEPOT
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Heyburn Ida

4. FULL NAME OF CHILD RALPH WILLIAM AVERY

5. Date of Birth of Child (Month, day, year) DEC. 11, 1909

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME FRANK AVERY
11. Color or Race WHITE **12.** Age at time of THIS birth 42 yrs.
13. Birthplace SEBETHA (City or town) KANSAS (State or foreign country)
14. Exact Occupation DEPOT AGENT
15. Industry or Business UNION PACIFIC RR

MOTHER OF CHILD

16. FULL MAIDEN NAME JENNIE BELL BUCK
17. Color or Race WHITE **18.** Age at time of THIS birth 38 yrs.
19. Birthplace DAVITT (City or town) NEBRASKA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORASIC ACID
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Dr Killen now deceased (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 32 years, and that Doctor — Killen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jennie B Avery Signature
Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of July, 1942
(SEAL) O. Thorpe Notary Public, residing at Jerome - Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1942 by Maud F Eddy, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-103001-795

352589

352589

United States Department of Commerce Bureau of the Census

AUG 1 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 8 mi pt
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Boise

4. FULL NAME OF CHILD Douglas Carter Jensen

5. Date of Birth of Child (Month, day, year) March 3rd 1942

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Douglas Jensen
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Belle Greenup
17. Color or Race white **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation H. wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Credé's Sol.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature John Booth M.D. Midwife Address Boise Ida Date 7-31-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 1 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-230010-89

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352601
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 36 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD RADA DOLORES NEWMAN

5. Date of Birth of Child (Month, day, year) Dec. 30, 1999

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME JAMES JOHNSON NEWMAN
11. Color or Race white **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Summit County (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ELLA ALICE HORKLEY
17. Color or Race white **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Yorkshire (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ella A. (Horkley) Newman (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Josephine H Newman M.D. (Midwife) Address Rigby R1 B299 Ida Date July 4 1942

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for since birth years, and that Josephine H Newman (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Harmon Newman Signature
Rigby #1 Idaho P. O. Address

Subscribed and sworn to before me this 14 day of July, 19 42
(SEAL) Anna R. Mellen Notary Public, residing at Rexburg Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by Mary Fielden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352602
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Taylor, Idaho
(c) Street Address or R.F.D. No. 6
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Taylor, Idaho
(d) Street Address or R.F.D. No. 6
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Ida

4. FULL NAME OF CHILD Ray Lords

5. Date of Birth of Child (Month, day, year) 7-23-1909

6. Sex White Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME David Nurden Lords
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Marilla Locks
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Annabelle (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 32 years, and that Grandmother (First name) ..... (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elvira Quinton Signature
Route #3 Ida Falls P. O. Address

Subscribed and sworn to before me this 16 day of July, 19 42
(SEAL) [illegible] Notary Public, residing at Idaho Falls
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352630
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. 7
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Reynolds
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Reynolds

4. FULL NAME OF CHILD Archie Clarence Armfield

5. Date of Birth of Child (Month, day, year) May 9 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Elmer Armfield
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Pomeroyville Mo. (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes McClung
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Odell Nebr. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Dr Neill (First name) (Last name), who attended this birth Dr Neill (Is now deceased) ~~or (Cannot be~~ located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Armfield Signature
Marsing Idaho P. O. Address

Subscribed and sworn to before me this 23 day of July, 19 42
(SEAL) R B Joy Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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866-221-025-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352638
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Fenn
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Fenn
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Velda Jean Howard

5. Date of Birth of Child (Month, day, year) 5/21/1909

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Grant Howard
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Marians Vill (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Jane Bass [redacted]
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Wichata (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Gladys (First name) Zehner (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature Nannie "Bowman" Stilwell M.D. Midwife Address Grangeville Ida Date June 2nd 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by Mary E. Pelton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SS-202-035-469

352676

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Nez Perce (b) City: Fraser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Nez Perce
(c) City: Fraser
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Fraser, Idaho

4. FULL NAME OF CHILD Violet Mae Eller

5. Date of Birth of Child (Month, day, year) Nov. 2, 1909

6. Sex female **7.** Twin or Triplet - If so—born 1st, 2nd, 3rd - **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hervey Ellsworth Eller
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Farming (City or town) (State or foreign country)
14. Exact Occupation self
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Dorothy
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace housewife (City or town) (State or foreign country)
20. Exact Occupation home
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 12:00 M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Eller (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature Jannie Myers Exp. Midwife Address Greer, Idaho Date 7/20/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by Mary K. Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352743
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Clifton
(c) Street Address or R.F.D. No. ----------
(d) Name of Hospital or Maternity Home:
Mother's own home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Clifton
(d) Street Address or R.F.D. No. ----------
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ferne S. Howell

5. Date of Birth of Child (Month, day, year) 1-19-1909

6. Sex Male

7. Twin or Triplet --------- If so—born 1st, 2nd, 3rd --------

8. No. months of Pregnancy -9-

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** E. Vernon Howell
11. Color or Race U. S.
12. Age at time of THIS birth 27 yrs.
13. Birthplace Clifton, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith May Sant
17. Color or Race U. S.
18. Age at time of THIS birth 24 yrs.
19. Birthplace Treasureton, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that Harriet Ann Howell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith May Sant Howell Signature

703-10th Ave P. O. Address

Subscribed and sworn to before me this 21st day of July 1942

(SEAL) [illegible] Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1942 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352748
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Granite
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Grandmothers home
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Granite
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Granite Ida.

4. FULL NAME OF CHILD Edna Earl Harris

5. Date of Birth of Child (Month, day, year) Mar. 9, 1909

6. Sex girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lorenzo Archie Harris
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Nielsville (City or town) Wisc. (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mamie Catherine Beckel
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation house maid
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 34 years, and that Mrs (First name) Hanson (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Lorenzo Archie Harris Signature
x Spirit Lake, Idaho, R.D. Box 55 P. O. Address

Subscribed and sworn to before me this 23 day of July 1942

(SEAL) Notary Public, residing at Wallace, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1942 by Maud F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

189-116-070849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352752
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. Main St.
(d) Name of Hospital or Maternity Home: At home on Main St.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. Main St.
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Dead

4. FULL NAME OF CHILD Clyde William Ahrens

5. Date of Birth of Child (Month, day, year) Sept. 10, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 ms. 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Ahrens
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Cresco (City or town) Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Quince
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Coeur d'Alene (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature G. R. Mason M.D. Midwife Address Kellogg Ida Date 7/23-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by Mabel H. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352771
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state Bonners Ferry Ida.

4. FULL NAME OF CHILD Marion Dorothy Benner

5. Date of Birth of Child (Month, day, year) May 8-1909

6. Sex Girl **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Howard Norman Benner Sr
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Marion (City or town) Maine (State or foreign country)
14. Exact Occupation Merchandise Clerk
15. Industry or Business Merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Katemirneva Rowlison
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Princeton (City or town) Minn. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at two A.M. on the date and at the place stated above, and that personal particulars were furnished by Howard (First name) Benner (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 33 years, and that Dr McCormick (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H. A. Benner Sr. — H. A. Benner Sr. Signature
317 W Trent Spokane Wash. P. O. Address

Subscribed and sworn to before me this 24th day of July, 1942
(SEAL) O. S. Goodspeed Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by Mark Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 30 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-206024-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352806
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman, Ida.

4. FULL NAME OF CHILD Florence Maggaret Bell

5. Date of Birth of Child (Month, day, year) 4/6/1909

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Franklin Bell
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Parsons, Kansas (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Cuba Mae Barker
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Bloomfield, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for all life years, and that Florence McKnight, midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cuba Mae Bell Signature
Heyburn, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of July, 1942
(SEAL) [illegible] Notary Public, residing at Rupert, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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259-131-044-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352870
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASHINGTON (b) City WEISER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD RALPH RAYMOND BEIGH

5. Date of Birth of Child (Month, day, year) MAY 31, 1909

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy NINE **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME AMAZIAH LYMAN BEIGH
11. Color or Race WHITE **12.** Age at time of THIS birth 21 yrs.
13. Birthplace SILVER LAKE (City or town) INDIANA (State or foreign country)
14. Exact Occupation PLASTERER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME OLIVE MYRTLE GALLAHAN
17. Color or Race WHITE **18.** Age at time of THIS birth 19 yrs.
19. Birthplace CHAMPION (City or town) MONTANA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 11 A.M. on the date and at the place stated above, and that personal particulars were furnished by MARY (First name) GALLAHAN (Last name), who is related to this child as GRAND MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Mary Gallahan M.D. Midwife Address 3512 NE HOLMAN PORTLAND-ORE. Date July 27-1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1942 by Mary Fowler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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